

Many thanks for your interest in the publications of Springer Nature and our associated imprints.

Please email completed forms to Sales-NY@SpringerNature.com or fax them to (212) 460-1700.

Name of the company:

(Exact legal name for billing purposes)

Tax Information:

Tax ID#:

Resale #:

Are you Tax Exempt?

Yes, documentation attached

No

Organized as:

Individual

Partnership

Sole Proprietorship

Corporation

S-Corp

Other: _____

Delivery Address:

Billing Address:

Primary Contact/Responsible Buyer:

Name:

Phone:

Fax:

Email:

Accounts Payable Contact Person:

Name:

Phone:

Fax:

Email:

To which client group do you belong?

General retailer

Mail order

Conference bookstore

Retail bookstore

Online bookstore

Non-profit

Corporate

Wholesaler

Other: _____

College/University bookstore

Library distributor

Number of stores: ___

Briefly describe your business: _____

Are you purchasing for resale?

Yes No

Would you like to use our online ordering system?

If yes, please indicate valid email: _____

Would you like to subscribe to Springer Nature Alerts?

If yes, please indicate valid email: _____

What is your preferred delivery method?

- Automatic selection of cheapest delivery method
- Collection at Springer Distribution Center by your shipper

Please specify trucking company: _____

- UPS Collect Account #: _____
- FedEx Collect Account #: _____
- Other, please specify: _____

If you don't specify a way of delivery, the cheapest method will automatically be selected.

Do you want out of stock titles to be backordered?

Yes No

If yes, for how long (max 365 days): _____

Are you interested in Non-Returnable Terms (if applicable)?

Yes No

In case we do not hold the complete ordered quantity in stock, do you wish to receive the remaining available stock without prior notification?

Yes No

Do you want to consolidate orders for delivery?

- I do not want any consolidation of orders.
- Bundling according to order value and max. holding time / days.
Please indicate the order value: _____
Please indicate the max. holding time in days: _____
- Bundling according to weight and max. holding time / days.
Please indicate the order weight: _____
Please indicate the max. holding time in days: _____
- Dispatch on predetermined dates, e.g. weekly (specify day) or monthly (specify date).
Please indicate: _____

Opening a Credit Account:

If you wish to receive credit terms, please indicate three references of publishing houses or distributors with whom you have business relation and provide the following details. If you do not wish to receive credit terms, we will open a customer account with advanced payment terms.

To expedite processing, please include your initial order on official company purchase order stationery. As credit references can take several days to receive from the businesses you have listed, please allow 5-7 business days for processing.

Do you want to prepay for your first order while your credit request is being processed?

- Yes
- No

Date business started: _____ Estimated Annual Purchase: _____

Name of reference	Contact Person	Account #	Email or Fax (Required)

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Date: _____

Authorized Signature / Stamp