

**PENGUIN RANDOM HOUSE LLC  
INTERNATIONAL**

<b>BILL TO</b>	<b>SHIP TO (Freight Forwarder)</b>
NAME:	NAME:
ADDRESS:	ADDRESS:
COUNTRY:	COUNTRY:
CONTACT:	CONTACT:
PHONE:	PHONE:
FAX:	FAX:
EMAIL:	EMAIL:

**NEW ACCOUNT PROFILE**

GOVT. ISSUED ID NUMBER: _____
NATURE OF BUSINESS: RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/> OTHER <input type="checkbox"/>
IF OTHER, PLEASE DESCRIBE: _____
HOW MANY YEARS IN BUSINESS? _____
ACCOUNTS PAYABLE CONTACT NAME: _____
EMAIL ADDRESS: _____
FAX NUMBER: _____
DO YOU WISH TO RECEIVE ELECTRONIC STATEMENTS? <input type="checkbox"/>

**BANK REFERENCE**

NAME OF BANK	
ADDRESS	
COUNTRY	
ACCT NUMBER	
TELEPHONE	
FAX	

**BUSINESS REFERENCES (PREFERABLY U.S.)**

NAME	
ADDRESS	
COUNTRY	
ACCT NUMBER	
TELEPHONE	
EMAIL	
FAX	

NAME	
ADDRESS	
COUNTRY	
ACCT NUMBER	
TELEPHONE	
EMAIL	
FAX	

NAME	
ADDRESS	
COUNTRY	
ACCT NUMBER	
TELEPHONE	
EMAIL	
FAX	

DO YOU WISH TO COMBINE ORDERS?

DO YOU WISH TO HAVE BACKORDERS RECORDED?

DO YOU WISH TO BACKORDER NOT YET PUBLISHED TITLES?

DO YOU WISH TO RECEIVE ELECTRONIC INVOICES?

IF YES, PLEASE ENTER EMAIL ADDRESS: \_\_\_\_\_

- Invoices must be paid in accordance with the terms of sale offered in order to avoid a suspension of shipments and/or the account being placed for collection. **If payment is being made by credit card, the request must be made within 60 days of invoice date.**
- Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all the collection costs and attorney fees in addition to all other sums due.
- Applicant authorizes Random House, Inc. to obtain credit and financial information concerning the Applicant from the bank and trade references.
- The above information is furnished by the Applicant for the purpose of obtaining credit and is warranted to be true and correct.

\_\_\_\_\_  
Name of Applicant

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Return Application to: Penguin Random House LLC International Sales & Marketing  
1745 Broadway, New York, New York 10019  
FAX: 212 572-6045