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TRADE ACCOUNT APPLICATION FORM

Please complete and fax to Tammy Eige at 1-866-346-1288

Please allow 10 business days for processing and include your first order.

All fields must be completely filled in:

Would you like to be added to our mailing list? YES NO
Do you wish to have your orders consolidated? YES NO
Do you wish to submit your orders via EDI? YES NO

Date: Type of business:

Company name:

Bill to:

Address:

City/Prov:

Postal Code:

Telephone:

Fax:

Email:

Ship to :

Address:

City/Prov :

Postal Code:

Telephone:

Fax:

Name of Owner:

Home Address:

City/Prov:

Home Telephone: Fax:

Provincial Sales Tax Exemption No.\* (if applicable)

Sole Owner/~~Partnership~~ ~~LLC~~ Limited Co.

List of Partners or Stockholders:

| Name  | Address | Position |
|-------|---------|----------|
| _____ | _____   | _____    |
| _____ | _____   | _____    |
| _____ | _____   | _____    |

How long in business? \_\_\_\_\_

Name of bank: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Have you or do you currently own another retail store? Yes ~~Yes~~ No

If so, list names and addresses of other stores:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Trade references (All information MUST be filled in):**

**A** Name of Business: \_\_\_\_\_

Fax #/ email: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**B** Name of Business: \_\_\_\_\_

Fax #/ email: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**C** Name of Business: \_\_\_\_\_

Fax #/ email: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**D** Name of Business: \_\_\_\_\_

Fax #/ email: \_\_\_\_\_ Contact Name: \_\_\_\_\_

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY ACCOUNT IN ACCORDANCE WITH OUR TERMS OF SALE.

\_\_\_\_\_  
(Authorized Signature)

\*PLEASE NOTE: ALL NEW BUSINESS WITHOUT CREDIT HISTORY WILL HAVE TO PRE-PAY UNTIL HISTORY IS ESTABLISHED.

Please **check off** the discount policy you are accepting and **sign** at the bottom.

**50% NON-RETURNABLE DISCOUNT POLICY**

1. I would like my discount policy to 50% non-returnable.
2. I understand that once I opt for this discount I will not be able to revert back to a sliding scale, and all orders are non-returnable on an ongoing basis.
3. I will be given a 50% discount on all books I order provided I meet the minimum order requirements of \$150.00 retail or 25 books. (If order minimum is not met, I will receive a 20% discount.)
4. Absolutely no returns will be accepted after this agreement has been signed, including returnable items purchased prior to this contract.
5. In the case of author events, please contact the Trade Department for prior approval on returns' privileges

**RETURNABLE DISCOUNT POLICY**

SLIDING DISCOUNT SCALE

|                               |     |
|-------------------------------|-----|
| 1 - 24 assorted books.....    | 20% |
| 25 - 149 assorted books.....  | 40% |
| 150 - 299 assorted books..... | 42% |
| 300 - 499 assorted books..... | 43% |
| 500+ assorted books.....      | 45% |

**INITIAL ORDER**

Order requirements to open an account for 40% discount:

1. \$200.00 retail value minimum
2. Completed credit application
3. 50% payment of order's net value must accompany order – balance is Net 30 days.
4. F.O.B. Canada

**SUBSEQUENT ORDERS**

Minimum order requirement for 40% discount:

1. 25 assorted books (paperback or hardcover) or \$150.00 retail value
2. F.O.B Canada
3. Orders which fall under this minimum will receive a 20% discount
4. Terms are Net 30 days'


Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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## TRADE RETURNS POLICY

1. All books must be in resale-able (mint) condition.
  - i) no stickers or books with covers damaged by stickers
  - ii) no stamps
  - iii) no torn dust jackets or damaged covers
  - iv) no 'out of print' titles unless the invoice date is less than 12 months past
2. Only full book returns **EXCEPT** where indicated by an  on the back cover.
3. Documentation must accompany returns. Please include the ISBN.
4. All returns will be credited at a flat 46% unless invoice numbers accompany the return in which case the return will be credited at the original purchased discount.
5. Returns must be shipped prepaid. Collect shipments will not be accepted. 'Returns' and claim number must be clearly marked on all cartons.
6. Any discrepancy found in return shipments will be credited on the basis of Scholastic's count.
7. Returns are sent at customer's risk. Credit will not be issued on return shipments lost in transit.
8. **Returns may only be made between 3 (three) & 12 (twelve) months from the date of invoice.**
9. Address for returns: **RETURNS DEPARTMENT  
Scholastic Canada Ltd.  
1220 Nicholson Road  
Newmarket, Ontario L3Y 7V1**

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If you have questions regarding returns, please contact Brenda Nolan at (905) 887-7323, ext. 4624 or by fax at (905) 472-7319

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Effective September 1, 2004