

Educational Development Corporation New Account Form

Please submit this form along with your **Resale Certificate** to:
orders@edcpub.com

Section 1

General Business Information

Company Name	
Billing Address	
Buyer Email	
Buyer Phone	

Section 4

Billing

<input type="checkbox"/> Prepaid (Section 4a)	<input type="checkbox"/> Net Billing (Section 4b)
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Section 2

Backorders

Yes No

Backorders Policy:

- Backorders must be \$50.00 retail, and will ship upon availability.
- Customers cannot combine or add to a backorder to meet the minimum.
- The original order determines discount and freight rate.
- Backorders will be cancelled six months after date of original invoice.
- Prepaid customers will be charged at the time of fulfillment for backorders.

Section 4a

Prepaid

• EDC keeps card information on file via Braintree Token ID, unless directed otherwise.

Prepaid Agreement:

1. All invoices are to be prepaid.
2. Claims arising from invoices must be made within thirty working days.

Section 3

Account Type

Returnable <input type="checkbox"/>		Nonreturnable <input type="checkbox"/>	
1 book	25%	1 book	25%
25+ books	45%	25+ books	48%
50+ books	45% + FFA	50+ books	48% + FFA
100+ books	47% + FFA	100+ books	50% + FFA

Return Policy

1. Email pubcs@edcpub.com for Return Authorization.
2. All returns subject to these conditions:
 - Titles must have been purchased under returnable trade terms
 - Titles must arrive in salable condition
 - Title/ISBN must be in our current catalog and not out of print
 - Include invoice number with a list of returned items
 - Books returned with customer sticker will be subject to a 15% restocking fee

Section 4b

Net Billing

<input type="checkbox"/> Paper Billing	<input type="checkbox"/> Email Billing
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Accounting Email	
Accounting Phone	

- **Please email remittance@edcpub.com for payment**
- **Please attach Credit references**

This application is submitted for the purpose of obtaining credit with Educational Development Corporation and is warranted to be true. By signing this application, the undersigned acknowledges that he/she is authorized to execute this application and to obligate the company to make payment in full for all amounts due according to invoice on or before the net due date. Additionally, the undersigned will be responsible for all collection costs and attorney fees, with or without lawsuit, to collect any delinquent moneys. The undersigned hereby authorizes Educational Development Corporation, Incorporated to make such inquiries (corporate/personal) as are necessary to obtain credit information and authorizes the bank(s) of record to release information regarding accounts.

Signature

Date

EDC Publishing Credit Card Form

TO BE COMPLETED BY CUSTOMER

(Please make sure all writing below is legible) Each field is required.

CUSTOMER (STORE) NAME: _____

NAME ON CC: _____

PHONE #: _____ EMAIL: _____

ADDRESS ASSOCIATED WITH CC: _____

CITY: _____ STATE: _____ ZIP CODE: _____

VISA MC DISCOVER

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE ON BACK : _____

PO # FOR THIS ORDER: _____

Would you like EDC to keep this card on file for all future orders associated with your account?

YES NO

Do you wish to receive back orders? (Card will be charged again once back orders ship out)

YES NO

NOTES/SPECIAL INSTRUCTIONS: _____

TO BE COMPLETED BY EDC

CUSTOMER NUMBER: _____ ORDER #: _____

APPROVAL CODE: _____ AMOUNT CHARGED: _____

REASON FOR DECLINE: _____

AUTHORIZED BY: _____ DATE: _____

