

Mader News, Inc.

The Premier **Periodicals Distribution Service** Since 1972

913 Ruberta Avenue, Glendale, California 91201. Tel: 818-551-5000 Fax: 818-240-7284

Emails: accounting@madernews.com; service@madernews.com

Customer Information:

Company Name: _____

Owner/Manager's Name: _____

Is this company a _____ Corporation _____ Sole Proprietorship _____ Partnership _____ LLC

Type of Business: _____ Newsstand _____ Bookstore _____ Hotel Gift Shop _____ Gas Station

_____ Convenient Market _____ Lobby Shop _____ Coffee Bar _____ Other

Will the periodicals received be for resale? Yes: _____ No: _____

Company Address: _____

City: _____

State: _____ Zip: _____ Website: _____

Federal ID#: _____ Owner SS#: _____

Resale Permit Number: _____ (Please attach a copy of your resale permit)

Invoices should be sent to:

Address: _____ City: _____ State: _____ Zip: _____

Accounts Payable Contact Person: Name: _____ Phone: _____

E-Mail Address: _____ Fax: _____

Person Authorized to Order Publications: Name: _____ Phone: _____

E-Mail Address: _____ Fax: _____

Vendor References:

Vendor #1: _____ Phone: _____

Years Doing Business with: _____ Products Purchased: _____

Vendor #2: _____ Phone: _____

Years Doing Business with: _____ Products Purchased: _____

Banking References:

Bank Name: _____ Account #: _____ Routing #: _____

Bank Contact: _____ Tel: _____ Customer Since: _____

The undersigned hereby states that the information provided on this page is true and complete. Applicants authorizes Mader News, Inc. or its successors to investigate the credit history in connection with this application or future updates, renewals, and to also enquire the credit experience with applicant.

Authorized Signature: _____ Name/Title: _____ Date: _____

SC082016

Terms and Conditions

1. We will start your account with small quantities of the titles that are appropriate for your business and increase them as you build sales. If payment falls behind at anytime, MNI reserves the rights to call in all credits and reduce your draw(s) to sale or below.
2. You will be charged a \$10.00 a week deliver charge. This charge cannot be waived.
3. All Return Estimates are sent with our Field Service Representatives for the following week. Please prepare the unsold publications for pickup the following week. All discrepancies must be called within the same week of the billing cycle. All shortages must be called in the day of an order to be honored. MNI reserved the right to refuse credit for any discrepancies/shortages called in outside of this time frame.
4. Our Field Service Representatives will visit your business once every week with your invoice and statement and will collect the total amount due on the account. The returns that are picked up will appear as a credit on your statement the following week.
5. The amount you owe becomes due and payable immediately upon the presentation of the statement our Field Service Representative brings in every week. If you do not pay your account in full for any reason, your deliveries will be suspended. To resume service, we will require payment of any amount owed on the account, submitting a cash deposit of at least \$250.00 and all costs, if any, associated with the collection of your outstanding balance, including attorney fees. We reserve the right to stop service if your net sales are consistently below \$100.00 per week.
6. If a check you issue is returned by the bank for any reason, you will be charged \$35.00. If two of your checks are returned in the course of our business relationship, you will be required to pay in cash, money order, or cashier's check. We will then no longer honor company or personal checks. MNI, reserves the right to request certified funds at anytime throughout the business relationship.
7. Mader News, Inc. reserves the right to change our policy stated in this agreement according to current business conditions without notification. New changes to our policy will supersede all previous policies and will be binding. Request for changes to any of the above items must be in writing with your store's letterhead, including contact person, address, telephone, and reasons why changes are needed for your store. If we agree to any changes you had suggested, you will receive an acknowledgment agreeing to such changes. You will bear all costs associated with the changes you requested and any subsequent costs that may arise later regarding our policies and agreements.
8. A weekly fee of \$25.00 will be assessed to any late invoices/statement your account holds and will continue to be charged the late fee until all amounts owed past your terms are fully paid.
9. All proper and complete paperwork must be submitted before deliveries start. Failure to submit a resale card with a valid resale number will result in sales tax billed to your account. A routine verification of resale card id validity will be made semi-annually, if at that time, your resale card id number is returned as non-valid, you will receive a bill of all taxes owed from the cancellation date as provided by the State Board of Equalization and your account will be charged state sales tax until resolved by the customer.
10. In the event that you should sell or transfer ownership of your business to another party, we require at least a 21-day notice to finalize your account. All incurred debits or credits are your sole responsibility. All refunds will be paid within 14 days of the final return pick-up.
11. Any payment not accurately noted on your remittance(s) will be applied to the oldest invoice shown on your account. All short payments will be charged back to your account.

Owner/Manager's Signature

Date

Owner/Manager's Printed Name

Title

Business Name

ONLY FILL OUT IF YOU ARE SELLING TO CUSTOMERS

RESALE ID NUMBER

(Name of Purchaser)

(Address of Purchaser)

I HEREBY CERTIFY: That I hold valid seller's permit No. _____
Issued pursuant to the Sales and use Tax Law; that I am engaged in the business of
selling Newspapers, Magazines, and Books;
that the tangible personal property described herein which I shall purchase from **MADER
NEWS, INC.** will be resold by me in the form of tangible personal property; provided,
however, that in the event any of such property is used for any purpose other than
retention, demonstration, or display while holding it for sale in the regular course of
business, it is understood that I am required by Sales and Use Tax Law to report and pay
tax, measured by the purchase price of that such property. Description of property to be
purchased: **Publications, periodicals, newspapers, and magazines.**

Date: _____
(Printed name of Purchaser or Authorized Agent, and Title)

Phone: () _____
(Signature of Purchaser or Authorized Agent)

Fax: () _____ Email: _____

Example

PLEASE LIST ALL NUMBERS AFTER THE DATE -
YOUR RESALE NUMBER SHOULD BE TAKEN DIRECTLY FROM YOUR FORM
THAT LOOKS LIKE THE BELOW DOCUMENT

CALIFORNIA STATE BOARD OF EQUALIZATION

SELLER'S PERMIT



ACCOUNT NUMBER

01/01/2009 SR/AS/ 101-123456

Example Store
DBA: Example Store
12345 W. Elmo St.
Your City, State Zip Code

NOTICE TO PERMITTEE:
You are required to obey all
Federal and State laws that
regulate or control your
business. This permit does
not allow you to do
otherwise.

IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE
BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION.
THIS PERMIT IS VALID ONLY AT THE ABOVE ADDRESS.

THIS PERMIT IS VALID UNTIL REVOKED OR CANCELED AND IS NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS
OR DROP OUT OF A PARTNERSHIP, NOTIFY US OR YOU COULD BE RESPONSIBLE FOR SALES AND USE TAXES
DUE BY THE NEW OPERATOR OF THE BUSINESS.

Not valid at any other address

For general tax questions, please call our Information Center at 800-400-7115.

For information on your rights, contact the Taxpayers' Rights Advocate Office at 888-324-2798 or 916-324-2798.

MADER NEWS, Inc.
913 Ruberta Ave.
Glendale, CA 91201

CREDIT CARD AUTHORIZATION

818.551.5000 (Phone)
818.240.7284 (Fax)
www.madernews.com

Name As Appears On Card: _____

MNI Account Number (if any): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

Email Address: _____

Card Type: **Visa** **MasterCard** **Discover** **AMEX**

Card Number _____

Extension (3-dgt on back of card): _____

Expiration Date: _____ / _____

Circle One
One Time Only
Monthly Weekly

Charge Amount \$ _____

Reference	Date	Amount

I agree to the amount listed above and acknowledge that the amount will be charge to my credit card listed. (fees may apply)

Signature

Date

Title

Please fax complete form to
818.240.7284 or email
Rynell@madernews.com

MADER NEWS, INC.

Periodical Distribution & Transportation Services

913 RUBERTA AVENUE, GLENDALE, CA 91201-2346

PHONE: (818) 551-5000 FAX: (818) 240-7284

www.madernews.com

Dear Potential E Check Customer

We appreciate your interest in our E Check Payment Option. As you requested, below is an enrollment application for the program. E Check is a free and easy alternative to writing a check, paying for stamps and mailing in your payment.

ONE TIME DRAFT – NON RECURRING

AUTHORIZATION

Customer/Account Number: _____

Phone Number: _____ Fax Number: _____

Name On Bank Account: _____

Bank Name _____

Routing Number _____ Account Number _____

Signature: _____ Date: _____

By signing above, I authorize Mader News, Inc. to debit the financial account listed above for weekly payments on my account as shown on my statement. I understand that I may discontinue this service by calling 818-551-5000 and asking for accounts receivable