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## NEW DISTRIBUTOR / RESELLER ACCOUNT APPLICATION

### BILL TO:

Business Name \_\_\_\_\_  
Street / P.O. Box \_\_\_\_\_  
City, State \_\_\_\_\_  
Country \_\_\_\_\_  
Zip or Postal Code \_\_\_\_\_  
Accounts Payable Contact \_\_\_\_\_  
Purchasing Contact \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Federal Tax ID # \_\_\_\_\_

### SHIP TO:

Street Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Country \_\_\_\_\_  
Zip or Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Website Address \_\_\_\_\_  
Email Address \_\_\_\_\_

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### TYPE OF BUSINESS

Please describe your type of business \_\_\_\_\_

Please indicate your primary product categories \_\_\_\_\_

Please describe the nature of your customer database (i.e. retail consumers, internet consumers, retail stores, government, schools, etc.)  
\_\_\_\_\_

Please indicate your primary means of product distribution (i.e. retail, catalog, website, direct, etc.)  
\_\_\_\_\_

How often do you distribute different mailings? \_\_\_\_\_

When do you make decisions for new items to be placed in your store / catalog? \_\_\_\_\_

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### OWNERSHIP

Number of years in business \_\_\_\_\_ If subsidiary, ( ) or division ( ), name of parent company \_\_\_\_\_

Form of business: ( ) Proprietorship ( ) Partnership ( ) Public Library ( ) Private Library ( ) Corporation ( ) Limited Partnership  
( ) LLC ( ) Other \_\_\_\_\_

If you are a corporation, in what state / country are you incorporated in? \_\_\_\_\_

If you are a library, what community do you serve? \_\_\_\_\_ Library Director \_\_\_\_\_

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### RESALE CERTIFICATE

A valid state sales tax permit number is required to certify that the products are being purchased for resale.

Resale # \_\_\_\_\_ State \_\_\_\_\_

**Mail or fax your Resale Certificate along with the New Distributor / Reseller Application to:**

YouthLight, Inc. • P.O. Box 115 • Chapin, SC 29036 • Fax: (803) 345-0888