



newharbingerpublications

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Account Application

Thank you for your interest in New Harbinger Publications! Please submit the below account application to apply for terms with us. A member of our sales team will contact you within three to four business days to confirm your account ID and terms. Thank you!

Company Name: _____
DBA: _____
Type of Business: _____
Country: _____
Street Address 1: _____
Street Address 2: _____
City: _____ State/Province: _____ Postal Code: _____

Ship-to Address (if different from above): _____
Street Address 1: _____
Street Address 2: _____
City: _____ State: _____ Postal Code: _____

Telephone: _____
FAX: _____
Website URL: _____

Buyers Name: _____
Buyer's Telephone: _____
Buyer's Email Address: _____

Requested Credit Limit: _____
For Resale: YES _____ NO _____
Resale Number: _____
DUNS#: _____

Accounts Payable (A/P) Contact: _____
A/P Telephone: _____
A/P Email Address: _____
A/P Country: _____
A/P Address 1: _____
A/P Address 2: _____
A/P City: _____ A/P State/Province: _____