Reseller Agreement Form

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| |  | | --- | | The undersigned company wishes to become a Common Sense Press reseller. By signing below, an authorized representative agrees to the Policies, Terms, and conditions of Common Sense Press. Company Name: | | Printed Name of Owner/Representative: | | Signature of Owner/Representative: | | Date: | | Contact Person: | | Contact Person’s E-mail: | | Shipping Address: | | City:                                                  State:                      Zip: | | Mailing Address: | | City:                                                  State:                      Zip: | | Business Phone: (         )                                        Fax: (         ) | | Toll Free Number for orders only: | | E-mail for Orders: | | Web Site: | | State Resale/Tax Number: | | I would like to pay my first order via:   [   ] MasterCard    [   ] Visa    [   ] Check | | Please check your preferred method of payment for all future orders. If paying by credit card, please complete the [Credit Card Authorization Form](http://commonsensepress.com/resellers/credit-auth.htm).  Preferred Method of Payment:   [   ] MasterCard    [   ] Visa    [   ] Prepayment by Check   [   ] Credit (See Prepayment Conditions) | | If applying for credit, how would you like to pay for future orders until your credit is established?  Preferred Method of Payment:   [   ] MasterCard    [   ] Visa    [   ] Prepayment by Check | | We Sell Via:       [   ] Print Catalog       [   ] Storefront       [   ] Online Catalog       [   ] Conventions | | We appreciate your patronage and want to thank you for becoming a *Common Sense Press* Reseller. | |