



New Client Profile

To help us better serve you long-term, please complete and return this New Client Profile. This will let us know quickly who to conduct if there are any shipping questions, billing questions, etc.

Basic Information (Please print clearly)

Company Name: _____

Name of Primary Contact: _____ Phone: _____

Email: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Federal Tax ID or SSN: _____ Resale # (For Indiana-based Clients): _____

A/P Contact: _____ Phone #: _____ Email: _____

Email Address for Invoicing: _____

Credit Card Information

I authorize you to charge this credit card for my ongoing weekly charges.

Signed (X): _____

Card #: _____ Expiration Date: __ / __ CVV: _____

Name on Card: _____

Billing Address of Credit Card (If different from above): _____

Officers, Partners or Proprietor

Name: _____ Title: _____

Name: _____ Title: _____

Authorized Signature (X): _____ Date: _____

Print Name: _____ Title: _____

**Please Sign and Date Above and Fax Back to 812-877-7115
or scan and email to Info@ShipYourBooks.com**