



Customer Account Form

Your Name: _____

Name of your Bookstore: _____

User Id: _____

Password: _____

Mailing Address: _____

Shipping Address for books: _____

State: _____

Country: _____

Contact Person: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Valid Resale Number or Permit: _____

Size of Your Store: _____

Anything we should know to serve you better? :
