

**Virtuoso Education Consulting LLC**  
**New Account Application**

Fax 317-527-9292, Ph 317-828-1109  
[www.virtuosoed.com](http://www.virtuosoed.com)

Return to Ed Azziz, [ed@virtuosoed.com](mailto:ed@virtuosoed.com)

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Year Business Established \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

**TYPE OF OWNERSHIP:**

Proprietorship  Partnership  Limited Liability Company  Corporation  
 Other (please specify) \_\_\_\_\_

Please list principals:

|                    |                    |
|--------------------|--------------------|
| Name: _____        | Name: _____        |
| Address: _____     | Address: _____     |
| _____              | _____              |
| City/ST/zip: _____ | City/ST/zip: _____ |

**College/Seminary stores only:**

Institution served \_\_\_\_\_

Store Ownership:  Institutional  Private  Other (please specify) \_\_\_\_\_

**TYPE OF BUSINESS:**

Please describe your type of business: \_\_\_\_\_  
If several apply, please indicate percentage of overall sales through each channel.

Please list your primary product categories: \_\_\_\_\_

Please describe your customers (if you serve several markets, please estimate the % of your business each represents): \_\_\_\_\_

Geography Served  National  Regional (please specify) \_\_\_\_\_  
 Local only

**SHIPPING INSTRUCTIONS**

Have Virtuoso Education Consulting LLC determine the most expeditious and economical method of shipment.

Ship via  Fed Ex Collect Ground Acct. # \_\_\_\_\_ Air Acct # \_\_\_\_\_  
 UPS Collect Acct. # \_\_\_\_\_  UPS Consignee  
 Other (Please describe) \_\_\_\_\_

If you have separate shipping locations, please check here and attach a separate sheet with details.

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**PURCHASE VOLUME**

Anticipated annual purchases from Virtuoso Education Consulting LLC: \$ \_\_\_\_\_

Seasonal considerations: \_\_\_\_\_

**BUSINESS REFERENCES:** Please list three. Publishing companies preferred.

1. Company Name \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Acct. # \_\_\_\_\_  
Street: \_\_\_\_\_  
City/ST/ZIP \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

2. Company Name \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Acct. # \_\_\_\_\_  
Street: \_\_\_\_\_  
City/ST/ZIP \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

3. Company Name \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Acct. # \_\_\_\_\_  
Street: \_\_\_\_\_  
City/ST/ZIP \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**In order to let us get to know you better, please forward a recent catalog, flyer, or email promotion.**

Name(please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only:

Acct #: \_\_\_\_\_ CT: \_\_\_\_\_ DG: \_\_\_\_\_ SA: \_\_\_\_\_ UC: \_\_\_\_\_

TaxExempt: \_\_\_\_\_

Comment: \_\_\_\_\_

## RESALE CERTIFICATE INSTRUCTIONS

A valid state sales tax permit number is required to certify that the products are being purchased for resale. Complete the certificate below by filling in the following information in the numbered space.

**PLEASE NOTE: The following states require submission of the reseller certificate in lieu of the form below: Indiana, Louisiana, Massachusetts, Mississippi, New York, Virginia, West Virginia, and Wyoming. Please send a copy of your state's reseller certificate with your application.**

- (1) Complete legal business name
- (2) State sales tax permit number
- (3) Name of state issuing permit number
- (4) General description of your business
- (5) Description of types of property you intend to purchase ordering customers
- (6) Date certificate is signed
- (7) Signature of owner or officer with authority to sign
- (8) Name and title of person signing certificate
- (9) Business address and phone number
- (10) Standard Address Number (SAN) required for electronic
- (11) Expiration date of certificate

## RESALE CERTIFICATE

Regardless of terms, the tax resale certificate must be submitted for every state in which there are product receiving locations. (1) \_\_\_\_\_ ("Reseller") hereby certifies that it holds valid state sales tax permit number (2) \_\_\_\_\_ issued by the state of (3) \_\_\_\_\_; that it is engaged in the business of (4) \_\_\_\_\_; and that the tangible personal property described below purchased from Virtuoso Education Consulting LLC. will be resold by it in the form of tangible personal property. Description of property purchased (5) \_\_\_\_\_

\_\_\_\_\_ In the event that any of the above described property is not resold, and is held by Reseller for retention, demonstration, or display for sale in the regular course of Reseller's business, Reseller will report the purchase of such property to the appropriate tax authorities and will pay all required sales and use taxes relating to the purchase of such property. Certified and agreed on (6) \_\_\_\_\_ (mm/dd/yy) **RESELLER**

Signature (7) \_\_\_\_\_

Address (9) \_\_\_\_\_

Name (8) \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Title \_\_\_\_\_

Standard Address Number (10) \_\_\_\_\_

Expiration Date (11) \_\_\_\_\_