



Reseller Questionnaire

(Please print)

Billing Address

Company _____

Street or PO Box _____

City _____ St _____ Zip _____

Phone _____

Fax _____

Federal ID Number (FIN) _____

E-mail INVOICES to: _____

Shipping Address

Company _____

Street or PO Box _____

City _____ St _____ Zip _____

Shipping address is: Commercial: _____

Residential: _____

Accounts Payable Contact

Name _____

Phone/Extension _____

E-mail _____

Purchasing Contact (for order questions)

Name _____

Phone/Extension _____

E-mail _____

E-mail TRACKING to: _____

BACKORDER INSTRUCTIONS

Not Yet Published Products:

Cancel All: _____ Do Not Cancel _____

Temporarily Out of Stock:

Cancel All: _____ Do Not Cancel _____

Marketing Information

Please tell us how you market your products: (Mark all that apply)

Produce a personal or company Web site? _____ **Web Site Address:** _____

Sell on EBay, Amazon, or other 3rd party website? _____ **Store Name** _____

Produce a paper catalog or listing? _____ If so, when do you review new products? _____

Sell primarily to clients or local customers? _____

So that we may recommend the best products for your company, please indicate your market shares below, giving an approximate **percentage** of your business volume for each.

Schools _____% Teachers _____% Homeschooling Parents _____% Parents _____% Clients _____%

Grade Levels: PreK-4 _____% Grades 5-8 _____% Grades 9-12+ _____% Other _____%

Required Signature

I acknowledge that I have received and read the TCTC Wholesale Accounts Information, including the MAP Policy. If this is a new account, I meet the requirements for opening a wholesale account with The Critical Thinking Co.™ and am enclosing a **copy of my state resale license** or **local business license** (where there is no state sales tax) and a **credit application** with this questionnaire.

Signed (owner) _____

Date _____