



The Critical Thinking Co.TM
Empower the Mind!

The Critical Thinking Co.TM
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RESELLER QUESTIONNAIRE

(PLEASE PRINT)

Billing Address

Company _____
 Street or PO Box _____
 City _____ St ____ Zip ____
 Phone _____
 Web Site _____
 State Resale (Tax) # _____
 *Email INVOICES to: _____

*Not Yet Published Products: Cancel All: _____
 Cancel after 120 days ____ Do Not Cancel _____

Accounts Payable Contact

Name _____
 Phone/Extension _____

Shipping Address (if different)

Company _____
 Street _____
 City _____ St ____ Zip ____
 Fax _____
 Shipping address is: Commercial? _____
 Residential? _____
 *Email TRACKING/SHIPPING to: _____

*Temporarily Out of Stock: Cancel All _____
 Cancel after 60 days ____ Do Not Cancel _____

Purchasing Contact (for order questions)

Name _____
 Phone/Extension _____

Marketing Information

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 _____
 Books _____ Software _____ PreK-4 _____ Grades 5-8 _____ Grades 9-12 _____ Other _____

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

Produce a paper catalog or listing? _____ If so, when do you review new products? _____
 Sell primarily to clients or local customers: _____
 Produce a personal or company web site? _____ Web Site Address: _____
 Sell on EBay or Amazon Store? _____ Store Name _____

REQUIRED SIGNATURE

I acknowledge that I have received and read the TCTC Wholesale Accounts Policies, the Premium Distributor Policy, and the Conference Sales 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 _____