



**Reseller Questionnaire**

(Please print)

**Billing Address**

Company \_\_\_\_\_  
Street or PO Box \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Federal ID Number (FIN) \_\_\_\_\_  
E-mail INVOICES to: \_\_\_\_\_  
\_\_\_\_\_

**Accounts Payable Contact**

Name \_\_\_\_\_  
Phone/Extension \_\_\_\_\_  
E-mail \_\_\_\_\_

**Shipping Address**

Company \_\_\_\_\_  
Street or PO Box \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Shipping address is: Commercial: \_\_\_\_\_  
Residential: \_\_\_\_\_  
Web Site \_\_\_\_\_  
E-mail TRACKING/SHIPPING to: \_\_\_\_\_  
\_\_\_\_\_

**Purchasing Contact (for order questions)**

Name \_\_\_\_\_  
Phone/Extension \_\_\_\_\_  
E-mail \_\_\_\_\_

**BACKORDER INSTRUCTIONS**

Not Yet Published Products: Cancel All: \_\_\_\_\_ Do Not Cancel \_\_\_\_\_

Temporarily Out of Stock: Cancel All: \_\_\_\_\_ Do Not Cancel \_\_\_\_\_

**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 \_\_\_\_\_%

Grade Levels: 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 Information, including the MAP Policy and 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 \_\_\_\_\_