



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 _____%

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 _____