



Literacy Partnerships Application

Please make certain the items below are included in your application submission.

CHECKLIST	
<input type="checkbox"/>	Program Information Form
<input type="checkbox"/>	Trade References
<input type="checkbox"/>	Bank Reference
<input type="checkbox"/>	Tax Exempt Certificate
<input type="checkbox"/>	Credit Card Information (Pre-Paid Orders Only)

Fax your completed application to:
(866) 510-6080
ATTN: LP Setups

*ATTN School
 Districts &
 Public Libraries
 Please fill out
 SECTION 1 only*

Upon qualification of the enclosed information, you will be issued a **Literacy Partner Authorization Number**. At that time, all appropriate catalogs will be shipped to you and a Scholastic Account Representative will contact you with your account numbers and give instructions for placing your first order. If you should have any questions regarding the following application please call (212) 965-7443 or email lporders@scholastic.com
IF YOU HAVE YOUR FIRST ORDER READY, PLEASE INCLUDE WITH YOUR PAPERWORK.

FOR OFFICE USE ONLY	
Budget Code	2179
LP Authorization #	
Scholastic Account #	
Pre-Paid Account#	
Rep Name/Territory	

JC DATE REC'D _____

JC DATE COMP _____

Program Information Form (Section I)

INSTRUCTIONS & INFORMATION

Use this form to describe your organization and program/project. Please be sure to include accurate contact information and a physical mailing address that will not change with personnel turnover. This information is used to qualify you as an organization that is giving books away to children for home ownership. The contact information and mailing address you provide will be used for catalog mailings and to communicate all Scholastic product updates (please note that we cannot ship to PO boxes).

I certify that our organization is purchasing books from Scholastic with the sole purpose of distributing them to children for use in their homes for FREE.

Name _____
Title _____
Program Name _____
Organization _____
Address _____
City/State/Zip _____
Telephone _____
Fax _____
E-Mail _____

What are the ages/grades of the children in your program?

- Birth-4
- K-3 (Ages 5-8)
- 4-6 (Ages 9-11)
- 7-9 (Ages 12-14)
- 10-12 (Ages 15-18)

Please send me updates regarding Scholastic products and upcoming events.

What is the primary focus of your organization?

- Reading/Education
- Child Care
- Community Service
- Health Services
- Tutoring/Mentoring
- Other _____

Please indicate the type of organization below.

- School
- Library
- Non-Profit
- Foundation
- Corporation
- Other _____

Where do you currently purchase the books for your program?

- Bookstore
- Wholesaler
- Direct from publisher
- Online
- Other _____

Scholastic Rep Name _____

I don't know my rep, please have my local rep contact me.

Funding Source _____

Funding Availability _____

How many children does your program serve? _____

STOP! If this is a public school or public library order, we do not require any further information. Please send in SECTION I and your application will be processed immediately. Thank You!

Application for Credit (Section II)

INSTRUCTIONS & INFORMATION

To open an account with Scholastic, Inc, we require a minimum opening order of \$100.00 "Net" along with a completed application for credit, executed by an officer of the applicant company. For Pre-Paid orders, please supply credit card information below. Scholastic, Inc. reserves the right to review, at any time, Credit Policies & Terms of Sale, and to make changes, at its discretion. **IF YOU HAVE A CREDIT SHEET PLEASE ATTACH HERE.**

BILL-TO

Name _____
Title _____
Organization _____
Address _____
City/State/Zip _____
Telephone _____
Fax _____
E-Mail _____

SHIP-TO

Name _____
Title _____
Organization _____
Address _____
City/State/Zip _____
Telephone _____
Fax _____
E-Mail _____

PRE-PAID INFORMATION

Name on card _____ Card Type AMEX / VISA / MC Other: _____
Credit Card # _____ Exp. Date _____

BANK

Address _____
City/State/Zip _____
Telephone _____
Fax _____

Bank Reference: We require one bank reference. Provide Bank Name, Address, Contact, Branch & Account Number.

Contact _____
Branch _____
Account # _____

Credit References: We require at least three trade credit references. Provide Business Name, Address, Account Number & Phone #.

Scholastic's terms of sale are net 30 days from date of invoice with payment expected at that time. In the event that payment is not received in accordance with the aforementioned terms, orders may be subject to "credit hold" until such time as payment has been received by Scholastic, Inc.

Tax Exempt Information (Section III)

INSTRUCTIONS & INFORMATION

Scholastic is required by law to charge sales tax that corresponds with the state to which you are shipping. If your organization is exempt from state taxes, you will need to provide Scholastic with your tax exempt certificate number, the state in which it was issued and a valid signature. Failure to provide all of this information will require Scholastic to add sales tax to your order. **IF YOU HAVE A TAX EXEMPT CERTIFICATE PLEASE ATTACH HERE.**

We are not exempt from state tax, our order must include appropriate taxes.

The Applicant by way of execution of this document provides Scholastic, Inc. with a blanket tax exempt certificate for the below named company with:

Tax Exempt Certificate # _____ Recorded in the State of _____

Date Recorded _____ Exp. Date _____

Organization Name

Officer's Name, Title, and Date

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