



MennoMedia

An agency of Mennonite Church USA
and Mennonite Church Canada

Application for a MennoMedia Trade Account

In order to establish a trade account with MennoMedia, please complete all the applicable questions and return promptly. All information is confidential.

Business Name: _____ **Phone:** _____ **Fax:** _____

Address: _____ **Email:** _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____

Type of Ownership: ☐ Proprietor ☐ Partnership ☐ Corporation ☐ Other: _____ **Years in Operation:** _____

Incorporated business with tax exempt certification? ☐ Yes ☐ No | **If yes,** please attach a copy for our records.

Store Owner/Manager: _____

Name of Book Buyer/Primary Contact: _____

Contact Email: _____ **Contact Phone:** _____

Type of Business:

Check those which best describe your operation

- ☐ Warehouse distribution center
- ☐ Retail store in main business district
- ☐ Retail store outside of business district
- ☐ Retail store in shopping center
- ☐ Supply department in large retail store
- ☐ Catalogue Sales
- ☐ Mail-order business
- ☐ Showroom of store in home
- ☐ Book table in church
- ☐ Agent or door to door
- ☐ Other: _____

Most of your business is done:

- ☐ Over the Counter
- ☐ By Mail
- ☐ Via Internet
- ☐ Personal solicitation or canvassing
- ☐ Other: _____

How do you promote your business?

- ☐ Mail solicitations
- ☐ Newspaper/Radio
- ☐ Personal solicitations
- ☐ Internet Specify: _____
- ☐ Other: _____

Product Line:

Check all those which describe your line

- ☐ Religious books
- ☐ Children's books
- ☐ General books
- ☐ Bestsellers only
- ☐ Stationary, gifts
- ☐ VBS or Sunday School materials
- ☐ Music, Videos & other media
- ☐ Other: _____

Please list products your company is interested in ordering from MennoMedia:

Title: _____ Title: _____

Title: _____ Title: _____

Title: _____ Title: _____

Credit References

1. Name: _____ Account Number: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

2. Name: _____ Account Number: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

3. Name: _____ Account Number: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Please return form by email, fax or mail to:

Email: HP@MennoMedia.org • **Fax:** 540-242-4476 • MennoMedia, P.O. Box 866, Harrisonburg, VA 22803