

New Leaf Distributing Company Magazine Vendor & Product Information Form

(Please print legibly or type.)

VendorName: _____

Note: Checks will be made out to this name unless you specify a different payee below.

Publisher Name: _____ Account #: _____ (if you've assigned one to New Leaf)

Main Address:	Contact Information Payee/Payment Address:	Returns Address (no PO Box):
_____	_____	_____
_____	_____	_____
_____	_____	_____

Website: _____

Main Contact: _____ Email: _____

Phone: _____ Ext. _____ Fax: _____

Accounting Contact: _____ Email: _____

Phone: _____ Ext. _____ Fax _____

Returns Contact: _____ Email: _____

Phone : _____ Ext. _____ Fax : _____

TERMS

Discount: New Leaf's discount is 55% off the cover price.
 Payments: New Leaf pays on invoice
 Freight: Paid by vendor
 Vendor Return: By affidavit

PRODUCT INFORMATION

Magazine Title: _____

Bar Code: _____

Number of Months an Issue Covers: _____ (Ex.: if quarterly, enter 3)

Number of Issues Per Year: _____ (Ex: if quarterly, enter 4)

Number of Days for Returns _____ When is last day that we can return unsold magazines for credit?

Cover Price: \$ _____

PROMOTIONAL INFORMATION

Please check all promotions that apply.

<input type="checkbox"/> Initiation Package <input type="checkbox"/> Take Me Higher Package <input type="checkbox"/> Bliss Package <input type="checkbox"/> Nirvana Package <input type="checkbox"/> Flyer Distribution <input type="checkbox"/> E-Flyer <input type="checkbox"/> 60 Days for \$60 (Web Ads)	<input type="checkbox"/> Discounted Ads in New Leaf Monthly Update <input type="checkbox"/> Discounted Ads in New Leaf Annual Catalog <input type="checkbox"/> Evolve! Magazine <input type="checkbox"/> Weekly E-Leaves Email <input type="checkbox"/> Trade Show Promotion/Author Signings
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Please return this form via fax or mail to:
 New Leaf Distributing, Attn: Kelly Rowland, 401 Thornton Rd., Lithia Springs, GA 30122

Product Manager
 Kelly Rowland - Krowland@newleaf-dist.com
 Phone: 770-948-7845 / Fax: 770-944-2313