

# New Leaf Distributing Company Vendor Information Form - Books

*Please print legibly or type.*

Vendor Name: \_\_\_\_\_  
*(Your account will listed under this name in our system. Checks will be made out to this name unless you specify a different payee below.)*

Publisher Name: \_\_\_\_\_  
*(If different than vendor name.)*

Account #: \_\_\_\_\_ *(If you've assigned one to New Leaf)*

### Contact Information

**Mailing Address:**

**Payee & Payment Address:**

**Returns Address (no PO Box):**

*(Please specify Payee if different from above.)*

*(You must provide a physical address for returns.)*

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Website: \_\_\_\_\_

Main Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax #: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax #: \_\_\_\_\_

Returns Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax #: \_\_\_\_\_

Promo Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax #: \_\_\_\_\_

### Purchase Order Info

New Leaf requires that all purchase orders be sent via e-mail. E-mail: \_\_\_\_\_

Return this form with product submission and product form to: Attn New Submissions – Books  
New Leaf Distributing Company  
401 Thornton Road  
Lithia Springs, GA 30122-1557

It is your responsibility to notify New Leaf of any changes to this information. All requests for changes must be submitted in writing.