



ANNUAL REVIEWS VENDOR UPDATE FORM

Please help us keep our records up-to-date.

Complete this form and return it to Annual Reviews via fax 650.424.0910 or mail to:

Annual Reviews, 4139 El Camino Way, Palo Alto, CA 94306 USA

1. **TYPE OF BUSINESS:** Subscription Agent Bookseller

2. **BUSINESS INFORMATION:**

Company Name: _____

Contact Name: _____

Mailing Address: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: (____) _____ Fax Number (____) _____

Email Address: _____

3. **CURRENT MEMBER OF ASSOCIATION OF SUBSCRIPTION AGENTS AND INTERMEDIARIES (ASA)?** Yes No

4. **ORGANIZATION** Corporation Partnership Individual Joint Venture

5. **STATE, COUNTRY AND DATE ORGANIZED** _____

6. **US RESALE LICENSE NUMBER:** _____

7. **FEDERAL IDENTIFICATION NUMBER:** _____

8. **NAME AND TITLE OF OFFICERS, OWNERS, AND/OR PARTNERS IN ORGANIZATION:**

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____

9. **KEY PERSONNEL**

<u>Department</u>	<u>Name</u>	<u>Phone</u>	<u>Email</u>
Marketing	_____	_____	_____
Sales	_____	_____	_____
Service	_____	_____	_____

10. **LIST PARENT COMPANY NAME AND ADDRESS (If Subsidiary of another company)**

9. **LENGTH OF TIME IN BUSINESS:**

Under Current Name: _____ Under Other Name: _____

10. **LIST STATES AND WORK CATEGORIES IN WHICH YOUR ORGANIZATION IS LEGALLY QUALIFIED TO DO BUSINESS:**

11. **CURRENT NUMBER OF:**

Offices _____ Full Time Employees _____ Sales Managers _____

12. **INFORMATION FURNISHED BY:**

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____