



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 email to: service@annualreviews.org

1. TYPE OF BUSINESS: <input type="radio"/> Subscription Agent <input type="radio"/> Bookseller			
2. BUSINESS INFORMATION:			
Company Name:			
Contact Name:			
Mailing Address:			
Street Address:			
City:		State:	Postal Code/Zip:
Country:			
Phone: ()		Fax: ()	Email:
3. ORGANIZATION: <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Individual <input type="radio"/> Joint Venture			
4. STATE, COUNTRY AND DATE ORGANIZED:			
5. US RESALE LICENSE NUMBER:			
6. FEDERAL IDENTIFICATION NUMBER:			
7. NAME AND TITLE OF OFFICERS, OWNERS, AND/OR PARTNERS IN ORGANIZATION:			
Name:		Title:	
8. KEY PERSONNEL:			
Dept.	Name	Phone	Email
Marketing:			
Sales:			
Service:			
9. LIST PARENT COMPANY NAME AND ADDRESS (If Subsidiary of another company):			
10. LENGTH OF TIME IN BUSINESS:			
Under Current Name:		Under Other Name:	
11. LIST STATES AND WORK CATEGORIES IN WHICH YOUR ORGANIZATION IS LEGALLY QUALIFIED TO DO BUSINESS:			
12. CURRENT NUMBER OF:			
Offices:	Full Time Employees:	Sales Managers:	
INFORMATION FURNISHED BY (Name):			
Title:	Company:	Date:	
Signature:			