



## Application for ACP Membership

**Please list all imprints:**

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**Additional information:**

For orders:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

New accounts (name and phone): \_\_\_\_\_

Customer service (name and phone):

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Hours of operation: \_\_\_\_\_

ISBN Prefix(es): \_\_\_\_\_

Three current bestsellers:

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Subject categories: (Please list all)

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Product formats (books, music, periodicals, audio, video, etc.) : (Please list all)

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