

BIPAD Inc.

**APPLICATION FORM:
BIPAD Magazine Periodical
Publication Title Number**

Return to: BIPAD, Inc.
Harrington Associates, LLC.
PO BOX 1332
Charlestown, Rhode Island 02813-1332
Phone: (401) 213-6830 Fax: (508-819-4926)

Publishing Company Name _____

Street Address _____

City _____ State/Province _____ Zip/Postal _____

P.O. Box _____ City _____ State/Province _____ Zip/Postal _____

PHONE (____) ____--____ FAX (____) ____--____

E-mail address _____ Website address _____

Name of Key Contact: (Mr. Ms.) _____

Position: _____

Has the company previously been assigned **BIPAD** numbers(s)? Yes _____ No _____.

If Yes, the number(s) is (are): _____

Does the company have a GS 1 or Uniform Code Council (UCC) Company Prefix number?

Yes _____ No _____ If Yes, the number is: _____ - _____

Number of titles for which **BIPAD** numbers are to be allotted _____. (A different **BIPAD** number must be used with each title publication for which separate distribution records are to be maintained by wholesalers. It is not necessary to obtain a different **BIPAD** number for each issue.)

Below is a credit card, or we have enclosed is a check for \$_____ to cover the fee for the application and maintenance of the BIPAD numbering system. Refer to the table below to determine the total fee. **The check should be made payable to BIPAD Inc.**

Applications not accompanied by a check to cover the fee will be returned without action. **To expedite the application, fee should be paid by certified check, bank or postal money order. (Foreign checks must be in U.S. Dollars).**

Charge my Visa / MasterCard / American Express A/C# _____	
Name (as appears on credit card) _____	
Expiration Date _____	Signature _____
**Please note: This charge will be under the name of HARRINGTON ASSOCIATES on your statement.	

FEE SCHEDULE*							
BIPAD		BIPAD		BIPAD		BIPAD	
Numbers	Fee	Numbers	Fee	Numbers	Fee	Numbers	Fee
1	\$300	3	\$500	5	\$700	11-15	\$1,500
2	\$400	4	\$600	6-10	\$1000	16-20	2,000

*Multiple number fee rates are not retroactive and are available only at time of original application.

Effective March 20, 2008

NAME OF TITLES

(A different **BIPAD** number is required for each title, but **not** for each issue.

[Use additional sheets if necessary]

ISSUE FREQUENCY

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

NUMBER OF MAGAZINE WHOLESALERS: _____

NAMES OF MAGAZINE WHOLESALERS/DISTRIBUTORS

[Use additional sheets if necessary]

**LOCATION
(City and State)**

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

BIPAD Inc. provides the administration of a uniform and non-discriminatory number coding system for magazines and other periodicals.

Management services are provided for BIPAD Inc. by Harrington Associates, LLC.