

BIPAD Inc.

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

Return to: BIPAD, Inc.
Harrington Associates, LLC.
PO BOX 1332
Charlestown, RI 02813
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 _____ Card Security Code (CSC): _____
**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	\$350	3	\$700	5	\$1,000	11-15	\$2,250
2	\$500	4	\$800	6-10	\$1,500	16-20	\$3,000

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

Effective October 1, 2016

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.