

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

IMPORTANT!

Please read the information on www.bipad.com very carefully to insure that you do need a BIPAD number and how many you need. We are not able to issue refunds once a number has been assigned since there is no way for us to recover numbers confidentially.

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 (see fee schedule on page 2) 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.