

# BIPAD

APPLICATION FORM:  
BIPAD Magazine Periodical  
Publication Title Number

Return to: BIPAD  
**Harrington Associates, LLC.**  
PO BOX 1332  
Charlestown, RI 02813  
info@nscopy.com  
Fax: (508)-819-4926

### IMPORTANT!

Please read the information on [www.bipad.com](http://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 Harrington Associates, LLC**

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.

*Effective February 1, 2019*

**FEE SCHEDULE\***

BIPAD		BIPAD		BIPAD		BIPAD	
Numbers	Fee	Numbers	Fee	Numbers	Fee	Numbers	Fee
1	\$375	3	\$750	5	\$1,000	11-15	\$2,625
2	\$550	4	\$900	6-10	\$1,750	16-20	\$3,500

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

*Effective February 1, 2019*

**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)

_____	_____	_____
_____	_____	_____
_____	_____	_____

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**BIPAD numbers provide the administration of a uniform and non-discriminatory number coding system for magazines and other periodicals.**

BIPAD numbers are a service of Harrington Associates, LLC.