Bookstore Information Form

Submission Options

- Email this page, with your order form and original materials, to support@lad.pub
- You can also return this information form via fax at 770-831-8556.



We look forward to serving your bookstore!

University Name:						
Bookstore Name:_						
Bookstore Margin:	□ 20%	□ 25%	□ 30%	□ Other:_		
P.O. # Required?	☐ Yes	□ No				
Contact Name:					🗆 Bookstore Mgr. 🛭 Textb	ook Mgr.
Contact Phone Number:					Direct Line Extension:	
Contact Fax Number	er:					
Email Address:						
Shipping Address:						
Shipping Preference	:e: 🗖 FEDE	X 🗆 UPS	Account# _			
Billing Address (if o	different):					