



authorHOUSE

Booksellers Return Program Agreement Renewal

This Renewal Agreement (“Renewal”) is made and entered into by and between the undersigned Author and Author Solutions, Inc. d/b/a AuthorHouse as an extension of the original Booksellers Return Program Agreement (“Agreement”) and is effective as of the date set forth below. Author desires and agrees to renew his or her participation in the Program with respect to his or her Work in accordance with and subject to the terms and conditions set forth in this Renewal. Capitalized terms not defined in this Renewal will have the meaning ascribed to such terms in the Agreement, unless the context herein dictates otherwise.

Eligibility and Requirements for Renewal:

- Term of Renewal Agreement:** This Renewal extends the Term for an additional period (the “Renewal Term”) as selected by the Author below. The Term plus the Renewal Term combined cannot exceed 36 months.
- Terms of Original Agreement:** All other terms and conditions of the Agreement not modified in this Renewal shall remain in full force and effect and be considered incorporated as part of this Renewal.
- Exercise of Renewal Agreement:** Author will be bound by this Renewal upon sending a signed original of this Renewal to AuthorHouse at its address noted below. Alternatively, facsimile or electronic transmission to AuthorHouse by Author of a signed version of this Renewal will have the same force and effect as the original and will constitute Author’s agreement to be bound by this Renewal. As to AuthorHouse, this Renewal will be deemed to be accepted by and binding upon AuthorHouse when AuthorHouse receives full payment from Author for the services associated with the Program and payment has been irrevocably credited to AuthorHouse.

Booksellers Return Program Agreement Renewal Sign-off

OPTION #	NAME	PRICE	CHECK & INITIAL
OPTION 1	One Year Renewal Term (12 Months)	\$300	<input type="checkbox"/>
OPTION 2	Two Year Renewal Term (24 Months)	\$600	<input type="checkbox"/>

TOTAL \$ _____

_____ I have enclosed a check or money order for the total amount due (payable to “AuthorHouse”).

_____ Charge my credit card for the total amount due, using the information below.

Credit Card Information: _____ Visa _____ MasterCard _____ Discover _____ American Express

Name on Card: _____ Card Number: _____

Expiration Date: _____ Signature: _____

Billing Address: _____

I have read the Booksellers Return Program Agreement. I understand and accept all its terms in full.

Author Name (printed): _____ Date: _____

Author Signature: _____

Book Title and ID: _____

Copy and either mail or fax this page to:

AuthorHouse

1663 Liberty Drive, Suite 200

Bloomington, Indiana 47403

For faster service, fax: 812-961-1023