



INGRAM BOOK GROUP NEW ACCOUNT APPLICATION

GENERAL INFORMATION

Please complete all of the following information to expedite opening your account. Incomplete forms will be returned.

BILL TO:

Legal Business Name _____
DBA _____
Street or P.O. Box _____
City, State _____
Province, Country _____
Zip or Postal Code _____
Phone (____) _____ Fax(____) _____
Accounts Payable Contact Person _____
E-mail address _____

SHIP TO:

Business Name _____
Street Address _____
City, State _____
Province, County _____
Zip or Postal Code _____
Phone (____) _____ Fax(____) _____
E-mail address _____

Note: All accounting documents will be E-mailed to this address. Have you had an Ingram account before? Yes No

Federal Tax ID # (U.S. Customers) _____ If yes, under what name? _____

Which Ingram affiliate? _____

TYPE OF BUSINESS

Please describe your type of business _____

Please indicate your primary product categories _____

Please describe the nature of your customer base (retail consumers, internet consumers, retail stores, libraries, government, college/university students, etc.) _____

Please indicate your Internet Web Site Address: _____

Are you interested in receiving information about Ingram Periodicals? Yes No

OWNERSHIP

Number of years in business _____ If subsidiary () or division (), name of parent company _____

Form of business _____ Proprietorship () Partnership () Public Library () Private Library ()

Corporation () Limited Partnership () LLC () Other () _____

If corporation, in what state/country were you incorporated? _____

If library, community served _____ Library Director _____

College/Seminary Bookstores

College/University served _____

Store Ownership: Institutional Private Other (please specify) _____

PURCHASE VOLUME

Anticipated annual purchases from Ingram Book Group: \$ _____ (This information will help us establish your credit limit needs)

Will you require an opening store order? Yes No

If yes, approximate wholesale value, \$ _____ Approximate date opening store order needed _____

Any financial statement submitted with this application will facilitate the establishment of your account and will be relied upon by Ingram Book Group. Any statements sent to Ingram Book Group will be kept strictly confidential.

Financial Statement Enclosed Yes No

SHIPPING INSTRUCTIONS (Please check one)

Have the Ingram Transportation Department determine the most expeditious and economical method of shipment

Use my U.S. Freight Forwarder (please complete the information below)

Other, please specify _____

Freight Forwarder Name _____ Contact Person _____

Street _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Proprietor/Partners - Please provide home address, social security number(s), and signature(s) as indicated below. (A signature on this application grants permission to obtain credit information from all listed references, including my bank).

Corporate Officers/Authorized Agents - Please provide names and titles of all corporate officers. (A signature on this application grants permission to obtain credit information from all listed references, including my bank).

Name (1) _____
Title _____
Street _____
City, State, Zip _____
Province, Country _____
Postal Code _____
Home Phone (____) _____
Social Security # (if U.S. Customer) _____
Signature _____

Name(2) _____
Title _____
Street _____
City, State, Zip _____
Province, Country _____
Postal Code _____
Home Phone (____) _____
Social Security # (if U.S. Customer) _____
Signature _____

Name (3) _____
Title _____
Street _____
City, State, Zip _____
Province, Country _____
Postal Code _____
Home Phone (____) _____
Social Security # (if U.S. Customer) _____
Signature _____

Name(4) _____
Title _____
Street _____
City, State, Zip _____
Province, Country _____
Postal Code _____
Home Phone (____) _____
Social Security # (if U.S. Customer) _____
Signature _____

BANK INFORMATION

Bank _____ Bank Account # _____
Attention _____
Street _____ City, State, Zip _____
Phone (____) _____ Province, Country _____ Postal Code _____

REFERENCES

Business References (wholesalers and suppliers preferred). Please provide at least three trade references. Non-U.S. customers may use references from their own country.

Firm Name (1) _____ Type Of Business _____
Account # _____
Street _____
City, State, Zip _____
Province, Country _____
Postal Code _____
Phone (____) _____ Fax (____) _____

Firm Name (2) _____ Type Of Business _____
Account # _____
Street _____
City, State, Zip _____
Province, Country _____
Postal Code _____
Phone (____) _____ Fax (____) _____

Firm Name (3) _____ Type Of Business _____
Account # _____
Street _____
City, State, Zip _____
Province, Country _____
Postal Code _____
Phone (____) _____ Fax (____) _____

RESALE CERTIFICATE INSTRUCTIONS

A valid state sales tax permit number is required to certify that the products are being purchased for resale. Complete the certificate below by filling in the following information in the numbered space.

PLEASE NOTE: The following states require submission of the reseller certificate in lieu of the form below: Indiana, Louisiana, Massachusetts, Mississippi, New York, Virginia, West Virginia Wyoming. Please send in your state's reseller certificate with your application.

- | | |
|---|--|
| (1) Complete legal business name | (7) Signature of owner or officer with authority to sign |
| (2) State sales tax permit number | (8) Name and title of person signing certificate |
| (3) Name of state issuing permit number | (9) Business address and phone number |
| (4) General description of your business | (10) Standard Address Number (SAN) <i>required for electronic ordering customers</i> |
| (5) Description of types of property you intend to purchase | (11) Expiration date of certificate |
| (6) Date certificate is signed | |

RESALE CERTIFICATE

Regardless of terms, the tax resale certificate must be submitted for every state in which there are product receiving locations.

- (1) _____ ("Reseller") hereby certifies that it holds valid state sales tax permit number
(2) _____ issued by the state of
(3) _____; that it is engaged in the business of
(4) _____; and that the tangible personal property described below purchased from Ingram Book Group will be resold by it in the form of tangible personal property.

Description of property purchased (5) _____

In the event that any of the above described property is not resold, and is held by Reseller for retention, demonstration, or display for sale in the regular course of Reseller's business, Reseller will report the purchase of such property to the appropriate tax authorities and will pay all required sales and use taxes relating to the purchase of such property.

Certified and agreed on (6) _____
MM/DD/YY

RESELLER

Signature (7) _____	Address (9) _____
Name (8) _____	Phone (area code) _____
Title _____	Standard Address Number (10) _____
Expiration Date (11) _____	

**INGRAM BOOK GROUP TRADE ACCOUNT
NEW ACCOUNT APPLICATION AND TERMS OF SALE AGREEMENT**

Applicant hereby represents in writing to Ingram Book Group upon the signing of this agreement that the Applicant is solvent. Further, each instance of acceptance of goods by the Applicant shall be deemed equivalent to a written representation of solvency by the Applicant to Ingram Book Group. Applicant agrees to notify Ingram Book Group of any changes in its ownership or address.

Certain information contained herein is for the purpose of obtaining credit. I certify that this information is true and correct and authorize you to verify this information and obtain additional information from, but not limited to references, credit reporting agencies, or trade groups from time to time as may be needed in the credit evaluation process.

Permission is herewith granted to obtain credit information from all listed references, including my bank. All information submitted in support of the new account application is true and complete in all respects.

I understand that my invoices and statements will be available for viewing or printing from ipage®, (Account Management Section), and subsequently all accounting documents will be e-mailed to the address provided on page one of the application. No paper copies will be mailed. I understand that payment for goods and/or services acquired from Ingram Book Group shall be made via ipage, in accordance to the terms set forth on each invoice, as referenced by due date in ipage. Applicant agrees to report shipping and/or billing discrepancies within 30 days of invoice date and agrees to pay in full any invoice not disputed within 30 days of invoice date. My account may be subject to a late charge of 1.5% (18% per annum) on all past due invoices. Furthermore, I understand that my orders may not be shipped if my account is past due and that any collection fee (including attorney fees) and related costs will be borne by my account. All terms and conditions of the Ingram Book Group trade policies are subject to change at any time.

Applicant acknowledges no terms or conditions of their purchase orders, different from the terms of Ingram Book Group, will supersede or become part of any sales agreement unless specifically approved in writing by Ingram Book Group. All payments received from the Applicant may be applied against invoices at the sole discretion of Ingram Book Group. Ingram Book Group shall have the right of recoupment of credit memos or refunds within its sole discretion.

Ingram Book Group reserves the right at all times to modify or terminate credit terms and terms of sale.

Applicant agrees not to sell, display, or loan for advance reading any title before its publisher assigned on-sale date. If Ingram Book Group receives proof that customer has sold, displayed, or loaned for advance reading a title before the publisher assigned on-sale date, Ingram Book Group reserves the right to hold future shipments of high-visibility on-sale-date titles until on-sale date has passed.

The undersigned individual who is either a principal of the Applicant or the sole proprietor of the Applicant, recognizing that his or her individual credit history may be a factor in the evaluation of credit history, hereby consents to and authorizes the use of a consumer credit report on the undersigned, from time to time, as may be needed in the credit evaluation process.

I have read the Ingram Book Group Trade Policies and Procedures and agree to abide by them and understand they may be amended from time to time. My signature below is acknowledgement of acceptance of all IBG terms and conditions.

(Please note: when opening an account, the minimum annual purchases requirement is \$2,000 at cost)

Accepted on _____ (day) _____ (month) _____ (year).

By _____

(Signature)

(Title)

For _____

(Applicant Name)

Mail to:
Ingram Book Group
Attn: New Accounts #353
P. O. Box 3006
One Ingram Blvd.
La Vergne, TN 37086

Fax to:
(615)213-6517

Questions:
(615)213-7715
(615)213-3548