



IFS NEW ACCOUNT APPLICATION Date _____

GENERAL INFORMATION

Please complete **all** applicable information. (Print or type.) Submission of application does not guarantee that a business relationship will be established. This will be determined upon further review and applicants will be notified at the conclusion of such review.

BILL TO:

Legal Business Name _____

Phone () _____ Fax () _____

DBA _____

E-mail Address _____

Street or P.O. Box _____

Accounts Payable Contact _____

City, State _____

Federal Tax ID # (US) _____

Province, Country _____

GST # (Canada) _____

Zip or Postal Code _____

VAT # (International) _____

URL _____

Have you ever had an account with an Ingram affiliated company? Yes _____ No _____

If yes, which affiliate: _____ Account Name _____

Primary Type of Business

Describe your type of business (example: Internet book sales, retail bookstore, etc.) _____

Please indicate your main product categories (examples: books, periodicals, gifts, music, electronics, etc) _____

OWNERSHIP

Number of years in business _____ If subsidiary or division, name of **Parent Company** _____

Form of business: (proprietorship, partnership, corporation, limited partnership or LLC) _____

If corporation, in what state/country are you incorporated _____ Date of Incorporation _____

Signature below authorizes Ingram/Spring Arbor to investigate the references listed pertaining to company or personal credit/financial history, including bank records and consumer credit reports, if applicable.

Primary Contact (Officer or Owner authorized to sign contracts):

Name _____

Title _____

Street _____

City, State, Zip _____

Province, Country _____

Home Phone () _____

Home Address _____

Social Security # (US Customer) _____

Email address _____

Signature _____

Technical Contact:

Name _____
Title _____
Street _____
City, State, Zip _____
Province, Country _____
Postal Code _____
Home Phone () _____
Social Security # (US Customer) _____
Email Address _____

Sales Contact:

Name _____
Title _____
Street _____
City, State, Zip _____
Province, Country _____
Postal Code _____
Home Phone () _____
Social Security # (US Customer) _____
Email Address _____

BANK INFORMATION

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

Listed in Dun & Bradstreet Yes _____ If yes, provide DUNS # _____ No _____

Financial Statement Enclosed Yes _____ No _____

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. NDA available on request.

List Sources of Funding and Investment Amounts:

Current \$ _____ **Source** _____

Anticipated \$ _____ **Source** _____

Total Revenue LY - \$ _____ **Expected Current Year - \$** _____

Projected Revenue Next Year - \$ _____

Internet History/Forecast:

Average Hits/Month _____ **Projected Hits per Month** _____

Average Sales/Month - \$ _____ **Sales YTD - \$** _____ **LY - \$** _____

Forecast Sales for Current Year - \$ _____ **Next Year - \$** _____

Anticipated Annual Purchases from Ingram Book Group: \$US _____

(This information will help us establish your credit limit needs.)

Current Business Model Summary (include marketing strategy, unique product offerings and current fulfillment process, if any)

Competition:

Product Focus		Percentages of Anticipated Sales
<i>(Example)</i>	Books	40%
	Computers	60%

Explain Marketing Strategy:

MARKETING	BUDGET
Last Year	\$
2003	\$
2004	\$

Explain your Web technology and methodology:

WEB DESIGN AND MANAGEMENT	BUDGET
Last Year	\$
2003	\$
2004	\$

REFERENCES

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

Firm Name (1) _____ Type of Business _____

Account # _____

Street Address _____

City, State, Zip _____

Province, Country _____

Postal Code _____

Phone () _____ Fax () _____

Firm Name (1) _____ Type of Business _____

Account # _____

Street Address _____

City, State, Zip _____

Province, Country _____

Postal Code _____

Phone () _____ Fax () _____

Firm Name (1) _____ Type of Business _____

Account # _____

Street Address _____

City, State, Zip _____

Province, Country _____

Postal Code _____

Phone () _____ Fax () _____

Please attach a copy of current business plan and financials. A non-disclosure will be executed on request. Thank you for you interest in Ingram Fulfillment Services.

For questions regarding Ingram Book/Ingram Fulfillment Services application:

Please call: (615) 213-5906

Fax to: (888) 826-6044

Mail to: Ingram Fulfillment Services

One Ingram Blvd. MS 512

LaVergne, TN 37086



TAX EXEMPTION/RESALE CERTIFICATE INSTRUCTIONS

A valid state sales tax permit number is required to certify that the products are tax exempt or 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: Connecticut, Florida, Louisiana, Massachusetts, Mississippi, New York, North Carolina, Ohio, Pennsylvania, Washington, Wisconsin, 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 type of property you intend to purchase | (11) Expiration date of certificate |
| (6) Date certificate is signed | |

TAX EXEMPTION / RESALE CERTIFICATE

Regardless of terms, the tax exemption/resale certificate/card 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/Spring Arbor is either tax exempt or will be resold by it in the form of tangible property.

Description of property purchased (5) _____

In the event that any of the described property is not tax exempt, 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) _____

