



INGRAM PUBLISHER SERVICES

NEW GIFT ACCOUNT CREDIT APPLICATION (TERMS)

Legal Business Name _____
 DBA or Trade Name _____
 Business Address _____
 City, State, Zip _____
 Phone _____ Fax _____
 *(If your shipping location is different than above, please attach information)
 Please briefly describe your business _____

OWNERSHIP INFORMATION FOR PROPRIETORSHIPS & PARTNERSHIPS

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Social Security#	Social Security#
Officer Information for Corporations	
Name	Name
Position	Position

BANK/TRADE INFORMATION *Please attach separate reference sheet*

Ingram Publisher Services (IPS) can only distribute product to customers who are exempt from sales tax. Please follow the instructions below for any and all states where you will receive product from IPS.

- * Alaska, Oregon, Montana, Delaware & New Hampshire: Customers are exempt from Sales Tax. Please just sign the application below.
- * Indiana, Massachusetts, New York, Virginia, West Virginia & Wyoming: Customers are required by their state to submit the state's own resale certificate instead of the Resale Certificate below. Please sign the application below and return it with a copy of your state's resale certificate.
- * Louisiana & Mississippi: Customers must complete the Resale Certificate below and include a copy of their Sellers Permit issued by the state.
- * For All Other States: Customers must complete the Resale Certificate below as part of their application process.

RESALE CERTIFICATE

_____ ("Reseller") hereby certifies that it holds valid state sales tax permit number # _____ issued by the state of _____; that it is engaged in the business of _____; and that the tangible personal property described below purchased from Ingram Publisher Services Inc. Publisher Clients will be resold by it in the form of tangible personal property.
 Description of property purchased _____
 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 _____. (MM/DD/YY)

RESELLER

Name	Address
Title	Phone
Expiration Date	Standard Address Number

Authorization:

By signing below, I attest that all purchases made from Ingram Publisher Services (IPS) are for resell. Certain information contained herein is for the purpose of obtaining credit. I certify that this information is true and correct. I authorize IPS to verify this information, and obtain additional information from, but not limited to bank references, trade references, credit reporting agencies, or trade groups, from time to time as may be needed, in the credit evaluation process. No terms or conditions of Customer's purchase orders different from the terms of Ingram Publisher Services will become part of any sales agreement, unless specifically approved in writing by IPS or by an individual publisher represented by IPS. All payments received from the Customer may be applied against invoices at the sole discretion of IPS and IPS shall have the right of recoupment of credit memos at its sole discretion. I understand that payment and discounts terms are established by individual publishers and that immediately following submission and approval of this application, I will receive payment and discount terms that have been established for my market. I further agree that any order I place with IPS will indicate my acceptance of the terms established by IPS and the publisher of titles I am ordering. I understand that 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 fees (including attorney fees) and related costs will be borne by my account.

Customer is eligible to purchase product from other publishers represented by Ingram Publisher Services.

Signature & Title of Owner or Authorized Agent _____ Printed Name _____ Date _____

RETURN COMPLETED FORM TO

Ingram Publisher Services • Credit Services Dept. • One Ingram Blvd • LaVergne, TN 37086
PHONE: (866) 400-5351 • **FAX:** (615) 213-6030