

INGRAM[®]

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 _____
Federal Tax ID # (U.S. Customers) _____
GST # (Canadian Customers) _____
VAT# (International Customers) _____

SHIP TO:

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

Have you had an Ingram account before? ____ Yes ____ No
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: _____

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 Publisher Services. Any statements sent to Ingram Pub Services 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, County _____
 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, County _____
 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) _____	

Mail the Resale Certificate with the New Account Application to the address below accordingly.

If you wish to expedite your account set up, you may fax your New Account Application and Resale Certificate to the appropriate fax number below in addition to mailing in the original.

Ingram Book Company/Spring Arbor Distributors Inc/Ingram Publisher Services	OR	Ingram International Inc.	OR	Ingram Periodicals Inc.	OR	Ingram Library Services, Inc.
Attn: New Account Rep #353		Attn: New Accounts Rep. #642		Attn: Sales Department		Attn: Customer Support #639
PO Box 3006		PO Box 3006		PO Box 3006		PO Box 3006
LaVergne, TN 37086		One Ingram Blvd.		MS #353 New Accts		One Ingram Blvd.
		LaVergne, TN 37086		LaVergne, TN 37086		LaVergne, TN 37086

Questions: 800-937-8100 ext 37715	Questions: 615-793-5000	Questions: 800-937-8100 ext 37715	Questions: 800-937-5300 opt 1
Fax: 615-213-6517	Fax: 615-213-5710	Fax: 615-213-6517	Fax: 615-213-5196