



CUSTOMER ACCOUNT SETUP FORM FOR TAX EXEMPT INSTITUTIONS

Publisher Referral: _____

Name: _____

Business Address: City, _____

State, Zip, Country: _____

Phone: _____ Fax: _____

Email: _____

Ship To: _____

Business Address: City, _____

State, Zip, Country: _____

TAX EXEMPTION

A valid resale or sales and use tax exempt certificate must be provided for each ship to state in order to open an account with Ingram Publisher Services (IPS).

- Ingram Publisher Services (IPS) can only distribute product to customers who are exempt from sales tax.
- Federal Tax-exempt entities are not automatically exempt from Sales and Use tax.
- The credit card used must be issued directly by the exempt organization and the bill directly paid by the funds of the exempt organization.

☐ Please check box if a pro-forma invoice is needed.

For questions about this application contact Customer Care at: 866-400-5351

By signing below I attest that the credit card used is issued directly by the exempt organization and the bill is directly paid by the funds of the exempt organization.

Signature of Authorized Agent

Printed Name

Date

Return form-MAIL: Ingram Publisher Services, % Credit Services Dept., One Ingram Blvd m/s 353, LaVergne, TN 37086 FAX: 855-260-1906



CREDIT CARD FORM FOR TAX EXEMPT INSTITUTIONS

Return Form to Secure Fax: 855 260 1906

Contact Credit Services: PH 800-937-8100

AUTOMATED CREDIT CARD PAYMENT FORM (085)

We accept Visa, MasterCard & Discover. 1% cash discount isn't eligible on the credit card program. Cardholder agrees to notify Ingram Content Group in writing, prior to disputing any charges processed on the card(s) listed below.

<u>CREDIT CARD NUMBER</u>	<u>EXPIRATION DATE</u>	<u>CVV</u>
_____ Primary	_____	_____
_____ Secondary	_____	_____

Please note: A pre-authorization will be requested on debit/credit cards that will be slightly higher than the transaction amount to cover estimated shipping. Upon shipment the pre-authorization will be released and settled for the final invoice amount.

* Numerous declines may result in removal from the credit card program.

Name of Cardholder: _____
(Please Print)

Billing Address for Cardholder: _____

Email address for Decline Notifications: _____

Authorized User: _____
(Please Print)

X _____

Authorized Signature: _

Internal Use Only:

Account Name:

Bill-To Account Number: