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.

<table>
<thead>
<tr>
<th>CREDIT CARD NUMBER</th>
<th>EXPIRATION DATE</th>
<th>CVV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secondary</td>
<td></td>
</tr>
</tbody>
</table>

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:

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