



CUSTOMER ACCOUNT SET UP FORM FOR TAX EXEMPT INSTITUTIONS

Name: _____
Business Address: _____
City, State, Zip, Country: _____
Phone: _____ Fax: _____
Email: _____

Ship To: _____
Business Address: _____
City, State, Zip, Country: _____

EXEMPTION: Claiming exemption based on exempt organization

- Is your exemption based on being part of a government organization? If yes, then complete government exemption form based on your ship to state.
- Is your exemption based on being a non-profit organization? If yes, then complete non-profit exemption form based on your ship to state.
- The credit card used must be issued directly by the exempt organization and the bill directly paid by the funds of the exempt organization.

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.*

** Massachusetts, New York, Virginia, Colorado: Customers are required by their state to submit the state's own resale certificate instead of the Resale Certificate below. Please sign the application and return it with a copy of your state's resale certificate.*

** Louisiana, Mississippi, Florida, New Mexico: Customers must complete Resale Certificate below and include copy of state issued Sellers Permit*

** Arkansas, Georgia, Iowa, Indiana, Kansas, Kentucky, Michigan, Minnesota, North Carolina, North Dakota, Nebraska, New Jersey, Nevada, Ohio, Rhode Island, Oklahoma, South Dakota, Tennessee, Utah, Vermont, Washington, Wisconsin, West Virginia, Wyoming: Please go to the following website and complete the SST certificate and return.*

<http://www.streamlinedsalestax.org/index.php?page=forms-2> (Click on Exemption Certificate) Please return the completed certificate with the credit application.

** 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 Publisher Clients of Ingram Publisher Services LLC. 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 (area code) _____
Expiration Date _____ Standard Address Number _____

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)

Authorized Signature: _____

Internal Use Only:

Account Name:

Bill-To Account Number: