

"Bill To" Account Information	
Entity Name	
Address	
City	State/Zip
Contact	Title
E-mail	
Phone Number	Fax Number
"Ship To" Account Information	
Entity Name	
Address	
City	State/Zip
Contact	Title
E-mail	
Phone Number	Fax Number

**Web Site** \_\_\_\_\_

**Name of School/Library Director** \_\_\_\_\_

**Do you want processing and/or cataloging?**  Yes  No

**Do you belong to a state contract or purchasing consortium?**  Yes  No

If yes, please name: \_\_\_\_\_

**Are separate invoices required for each Purchase Order?**  Yes  No

**How many copies of the invoice do you require?** \_\_\_\_\_

**Does this library allow backorders?**  Yes  No

If yes, what is the preferred backorder cycle?  30 days  45 days

**Are partial quantity per-title shipments acceptable?**  Yes  No

**Funds are received from the following sources:** \_\_\_\_\_

Applicant certifies that appropriate funding is in place to cover all orders placed.

**Anticipated Annual Purchases from Ingram Library Services: \$** \_\_\_\_\_

(This information will help us establish your credit needs.)

In order to maximize your fill rate, your account will be set up to ship from two warehouses, a primary and a secondary.

**A minimum of \$1,000 in purchases annually will need to be made through this account  
Or purchases can be made through credit card only to accommodate smaller budgets.**

**Please fax the completed application, along with your state sales tax-exempt certificate, to (615) 213-6517.**

If you are not exempt from state sales tax, please advise when returning your application

You may also e-mail to [newaccountcredit@ingrambook.com](mailto:newaccountcredit@ingrambook.com) or mail to

Ingram Library Services • P. O. Box 3006 • One Ingram Blvd. MS 353 • La Vergne, TN 37086

If you need assistance completing this form, please call (800) 937-5300 Ext. 24820.

*For more information about Ingram visit [ingramlibrary.com](http://ingramlibrary.com).*

**Business References**

Please provide at least three trade references. Wholesalers and suppliers are preferred in addition to bank.

<b>Bank Information</b>	
Name of Bank	
Contact Person	
Account #	
Address	
City	State/Zip
Phone	Fax

<b>Firm (2)</b>	
Name	
Type of Business	
Account #	
Address	
City	State/Zip
Phone	Fax

<b>Firm (3)</b>	
Name	
Type of Business	
Account #	
Address	
City	State/Zip
Phone	Fax

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**TERMS OF SALE AGREEMENT**

Applicant hereby represents in writing to Ingram Library Services upon the signing of this agreement that the School is solvent. Further, each instance of acceptance of goods by the Applicant shall be deemed equivalent to a written representation of solvency by the Applicant to Ingram Library Services. Applicant agrees to notify Ingram Library Services of any changes in its ownership or address.

Certain information contained herein is for the purpose of obtaining credit. I certify that this information is true and correct and authorize you to verify this information and obtain additional information, if needed.

All information submitted in support of the new account application is true and complete in all respects. I understand that Ingram Library Services payment terms are 1% 10 days from date of monthly statement, net 30 days from date of monthly statement, and that my account is subject to a late charge of 1.5% (18%) 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 fee (including attorney fees) and related costs will be borne by my account. All terms and conditions of the Ingram Library Services trade policies are subject to change at any time.

No terms or conditions of School's purchase orders different from the terms of Ingram Library Services will become part of any sales agreement, purchase order, or other document unless specifically approved in writing by Ingram Library Services. All payments received from the Applicant may be applied against invoices at the sole discretion of Ingram Library Services. Ingram Library Services shall have the right of recoupment of credit memos or refunds within its sole discretion.

Ingram Library Services reserves the right at all times to limit or terminate credit terms and modify its terms of sale. This agreement shall be governed by, and in accordance with, the laws of the state of Tennessee without reference to the conflicts of law principles thereof. Applicant agrees to be subject to the jurisdiction of the courts in the state of Tennessee.

I have read the Ingram Library Services Terms of Sale and agree to abide by them, and understand they may be amended from time to time.

Accepted on \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year).

By \_\_\_\_\_  
(Signature) (Title) (Print Name)

**Thank you for completing this form.**

**You will be notified when your account has been established.**

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