

Credit Application

Please provide ALL of the following information (print or type) in order to expedite the opening of your account.

GENERAL INFORMATION

BILL TO: _____
Business Name _____
Street, P.O. Box, City _____
County, State, Zip _____
Phone (____) _____
FAX (____) _____
AREA CODE

If you have multiple ship-to locations, please provide a list of said locations with names, addresses and phone numbers. Tax resale numbers may be required for each ship-to location. Please refer to the reverse page for individual state requirements.

GENERAL INFORMATION

SHIP TO: _____
 Commercial Residential (UPS may charge additional fees for delivery)
Business Name _____
Street, City _____
County, State, Zip _____
Phone (____) _____
E-Mail Address _____
AREA CODE

Proprietor, Partners or Corporate Officers— Please provide an alternate address where we may reach you.

Name (1): _____ **(2):** _____ **(3):** _____
Title _____
Street _____
City, State, Zip _____
Home Phone (____) _____ (____) _____ (____) _____
AREA CODE AREA CODE AREA CODE
Social Security # _____

DESCRIPTION OF BUSINESS

TYPE OF BUSINESS:

- | | | | |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> Video Specialty | <input type="checkbox"/> Kiosk | <input type="checkbox"/> Travel Center | <input type="checkbox"/> Distributor _____ |
| <input type="checkbox"/> Music Store | <input type="checkbox"/> E-Commerce | <input type="checkbox"/> Department Store | <input type="checkbox"/> Supplier <small>(TYPE)</small> |
| <input type="checkbox"/> Electronics Store | <input type="checkbox"/> Bookstore | <input type="checkbox"/> Club | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Drug Store | <input type="checkbox"/> Grocery Store | <small>(PLEASE DESCRIBE)</small> |

Year established present business: _____ If subsidiary, name parent company: _____

Form of business: Proprietorship Partnership Corporation Limited Liability Company

State in which formed/incorporated: _____

BANK AND TRADE REFERENCES

Bank Name _____ Bank Account # _____
Bank Contact _____ Phone (____) _____ FAX (____) _____
AREA CODE AREA CODE

Business References (video distributors and suppliers preferred). Please provide at least three references.

Firm Name (1): _____ **(2):** _____ **(3):** _____
Account # _____
Street _____
City, State, Zip _____
Phone (____) _____ (____) _____ (____) _____
FAX (____) _____ (____) _____ (____) _____
AREA CODE AREA CODE AREA CODE

The undersigned hereby consent(s) to Ingram Entertainment Inc.'s use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s), and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) Ingram Entertainment Inc. to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this application.

The undersigned as (an) individual(s) hereby knowingly consent(s) to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. 1681 et seq.

Signature/Title _____ Date _____ Print Name _____

TAX INFORMATION

Ingram Entertainment Inc. is required by state law to have on file a current Resale Exemption Certificate to exempt your purchases from state and local sales tax. Please complete the multijurisdictional Sales and Use Tax Resale Exemption Certificate on the reverse side of this application. If not completed, and a hard copy provided, Ingram Entertainment Inc. must assume that sales tax should be applied to all purchases made by your company. Please note: Ingram Entertainment Inc. is required to assess a Rental Use Tax for all product shipped in the states of Illinois, Michigan and Louisiana regardless of tax exemption status.

Please check one: Prepay (Wire Check Credit Card ACH
Terms Requested: Open C.O.D. Estimated Monthly Purchases: \$ _____
Orders can be sent C.O.D., cashier's check or money order until company check is approved or credit is established.

Any financial statement submitted with this application will facilitate the establishment of your account and will be relied upon by Ingram Entertainment Inc. Any such statements will be kept strictly confidential.

Permission is herewith granted to obtain credit information from all listed references, including my bank. All financial information submitted in support of this new account and credit application is true and complete in all respects. My account is subject to a late charge of 1.5% per month (18% per annum) on all past due invoices (or, if less, the maximum permitted by law). Furthermore I understand that my orders will not be shipped if my account is past due and that any collection fees (including attorneys' fees) and related costs will be applied to my account. I have received a copy of Ingram Entertainment Inc.'s Terms Of Sale and agree to abide by them, and as they may be amended from time to time, with or without notice. I further agree that any line of credit desired or approved is not a limitation of liability, and I expressly agree that I will be responsible for all charges in excess of the credit line either desired or approved.

I assume personal and individual responsibility and liability, and guarantee payment of all charges due and payable to Ingram Entertainment Inc. by the company or corporation listed herein.

Signature/Title _____ Date _____ Signature Of Witness _____

Print Name _____

AN ORIGINAL CREDIT APPLICATION MUST BE RECEIVED FOR CREDIT TERMS TO BE ESTABLISHED. FAXED OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED. Rev. 1/18

Two Ingram Blvd.
Credit— Box 953
La Vergne, TN 37089-0001
U.S.A.
(615) 287-4000



1-800-621-1333
(National Customers)
Ask For Credit Department

UNIFORM SALES & USE RESALE EXEMPTION TAX CERTIFICATE MULTIJURISDICTIONAL

Issued to Seller: **Ingram Entertainment Inc.**
 Address: **Two Ingram Blvd.**
La Vergne, Tn 37089

I certify that: **Name of Firm (Buyer):** _____
Address: _____
 is engaged as a registered: **Wholesaler:** _____
Retailer: _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of business. We are in the business of retailing home entertainment products.

Description of Business: _____

General description of products to be purchased from the seller: _____

<u>State:</u>	<u>State Registration or Blanket Certificate:</u>	<u>Blanket</u> ✓ _____	<u>State:</u>	<u>State Registration or Blanket Certificate:</u>	<u>Blanket</u> ✓ _____
AL	_____	_____	MO	_____	_____
AR	_____ *	_____	NE	_____	_____
AZ	_____	_____	NJ	_____	_____
CA	_____	_____	NV	_____	_____
CO	_____	_____	NM	_____	_____
CT	_____	_____	NY	_____	_____
DC	_____ *	_____	NC	_____	_____
FL	_____ *	_____	ND	_____ *	_____
GA	_____	_____	OH	_____	_____
ID	_____ *	_____	OK	_____	_____
IN	_____ *	_____	PA	_____	_____
IL	_____ *	_____	RI	_____	_____
IA	_____ *	_____	SC	_____ *	_____
KS	_____ *	_____	SD	_____	_____
KY	_____	_____	TN	_____	_____
LA	_____ *	_____	TX	_____ *	_____
ME	_____ *	_____	UT	_____	_____
MD	_____ *	_____	VT	_____ *	_____
MA	_____	_____	VA	_____	_____
MI	_____	_____	WA	_____	_____
MN	_____	_____	WV	_____ *	_____
MS	_____ *	_____	WI	_____	_____

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to Sales or Use Tax, I will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you unless otherwise specified, and shall be valid until canceled by myself or my firm in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____

Title: _____

Date: _____

* These states require separate resale certificates for multiple locations or a Blanket certificate number indicating area to include multiple certificate individual store exemptions.