

To establish an account with Follett Higher Education Inc. (Follett), please provide the following information and the authorizing signature permitting the release of information to Follett necessary to establish an account with your locally operated Follett bookstore. Any and all information/data provided in conjunction with the application will be kept confidential and used only as a basis for granting and administering credit under the account(s) applied for in this application. By signing this agreement/application, the signature represents and warrants that the signer/applicant is authorized to enter into this agreement with Follett on behalf of the entity/organization/campus named below.

I: ACCOUNT RELATIONSHIP TYPE: (check one)

- UNIVERSITY/CAMPUS
- GOVERNMENT
- OTHER THIRD PARTY

II: CREDIT APPLICANT AUTHORIZED CONTACT INFORMATION:

A. Entity/Organization/Campus Contact Information

LEGAL ENTITY NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL:

PHONE:

PHONE EXT:

FAX:

B. Entity's Account Contact Information

- *Check if Account Contact address is the same as the legal entity name. If different, fill out below:

ACCOUNT CONTACT NAME:

*ADDRESS:

*CITY:

*STATE:

*ZIP CODE:

EMAIL:

PHONE:

PHONE EXT:

FAX:

C. Entity's A/P Account Contact Information

- *Check if A/P Contact address is the same as the legal entity name. If different, fill out below:

A/P ACCOUNT CONTACT NAME:

*ADDRESS:

*CITY:

*STATE:

*ZIP CODE:



EMAIL:
PHONE:
PHONE EXT:
FAX:

III: TAX INFORMATION REQUIREMENTS

Tax ID (FEIN):

Tax exempt status: Taxable (No further action needed) Exempt (Complete section(s) below)

1. Select the type of exemption being claimed:

Resale Exemption (If selected, provide a copy of the resale certificate (s) and add the information below.)

State: _____ Resale ID/#: _____

Tax Exempt Organization (If selected, complete section 2 below.)

2. Tax exempt organizations: Will the exempt organization retain possession of the items purchased?

Yes (If selected, provide a copy of your exemption certificate and add information below)

State: _____ Exemption# _____

No (If selected, the purchase will not be tax exempt.)

3. In general, most states require that the exempt organization be the **direct purchaser and payer of record (i.e. Not a 3rd party payer)** in order to qualify for the sales tax exemption.

4. Some exceptions to this general rule do exist (i.e. FL), which will be addressed by our tax department on a case by case basis. If this applies to your situation, provide a copy of your exemption certificate and complete the information below. This information will be used by our tax department to validate the tax exemption claim. State: Exemption# _____

As required by law, Follett will collect sales tax in every state applicable for Follett purchases. All sales in store and online for pickup or shipment will be taxed unless valid tax exemption documentation has been provided/verified or the shipping address is in a state with no state sales tax.

The undersigned certifies that the items purchased as tax-exempt will be used for official business of the above named organization or agency. I accept liability for the taxes and any applicable penalty or interest if the purchase for the organization/agency purchase is found to not qualify for the exemption or if the information asserted in this form is deemed fraudulent.

The undersigned further asserts that they have the authority to complete and submit this document on behalf of the above named entity.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

IV: INFORMATION RELATED TO ACCOUNT SETUP AND CHARGE CONDITIONS

ACCOUNT INFORMATION:

ACCOUNT NAME:

DESCRIPTION:

TERM START DATE FOR PURCHASES *(not to exceed start of academic year)*:

TERM END DATE FOR PURCHASES *(not to exceed end of academic year)*:

BUDGET/FUNDING # (if applicable):

PO# (if applicable):

AUTHORIZED LIMITS OF CHARGES:

ACCOUNT CHARGE \$ AMOUNT LIMIT OF OVERALL ACCOUNT:

INDIVIDUAL CUSTOMER ACCOUNT CHARGE LIMIT PER PERSON:

Individuals (students IDs, faculty IDs, staff IDs, etc.) listed as follows are authorized to charge to this account for the current specified term/academic year period. Failure to provide documentation of "individual" names as cited at the time of application will require additional documentation issued to the student, which may include a voucher issued from the entity with authorized signature. The account authorizer is solely responsible for reimbursing Follett for any purchases pursuant to such vouchers and costs of any collection efforts. If additional space is required other than page 3, attach documentation to application following the same format.

CUSTOMER ACCOUNT INFORMATION:

FIRST: _____ LAST: _____ ID#: _____ CHARGE LIMIT: _____

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FIRST: _____ LAST: _____ ID#: _____ CHARGE LIMIT: _____

FIRST: _____ LAST: _____ ID#: _____ CHARGE LIMIT: _____

FIRST: _____ LAST: _____ ID#: _____ CHARGE LIMIT: _____

FIRST: _____ LAST: _____ ID#: _____ CHARGE LIMIT: _____

ACCOUNT RESTRICTIONS (if applicable):

Restrictions (Are items NOT allowed for purchase on this account?)

YES

NO

If Yes: Check the boxes below to indicate the departments that are **NOT** allowed to be purchased with this account.

NOTE: All financial aid accounts are available online unless a written notice is provided by the campus. For any major account online, identify below and contact the store manager to further clarify specifics. Failing to identify restrictions, if applicable, denotes that all transactions within the categories are acceptable and will be promptly paid when billing is presented.

	100	Used Text		520	Children's Clothing Campus Logo
	110	Used Course Packs		530	Logo Accessories (backpacks, headwear)
	200	New Text		600	Gifts/Campus Logo
	210	New Course Packs		700	Convenience/Grocery (food & beverage)
	220	Digital Format Text		710	Health & Beauty Care
	230	Course Adopted Supplies		720	Graduation Products, Cap and Gown, Diploma Frames
	300	General Books		730	Audio/Visual
	310	Magazines/Newspapers		780	School Specific Programs
	330	Non-Emblematic Accessories		800	Computer Software/License
	360	Greeting Cards		810	Computer and Cell Phone Supplies/ Accessories & Phone Cards
	400	Supplies/School Supplies		820	Computer Software/License Media
	410	Imprinted/Campus Logo Supplies		830	Computer and Hardware & T-Mobile Cell Phone and Phone Cards
	430	Central Office Supplies		840	Computer Peripherals
	490	Course-Related Supplies		900	Operational & Print Supplies
	500	Men's & Unisex Clothing Campus Logo		910	Non-Merchandise SKU's (fees/charges/service such as postage, campus tickets, parking, etc.)
	510	Women's Clothing Campus Logo		920	Text Rental Fees

V: ADDITIONAL AUTHORIZATIONS:

ACCOUNT CHANGES:

Applicant/Entity is responsible for any and all authorized purchases including bulk rental and alternate collateral processes made by an authorized charger, regardless of any change in the authorized charger's employment or financial aid eligibility or enrollment status, unless applicant has notified the bookstore in writing in advance of the purchases that the authorized charger is no longer authorized to make purchases on the account.

RENTAL (University/Campus Only):

If the account is for a bulk rental program, the Applicant/Entity must provide additional information along with the submission of this application: (1) the name of the student or group of students authorized to rent and (2) the corresponding charge limit amount for each type of authorized rental. The Applicant guarantees payment to Follett Higher Education for replacement value of any unreturned, damaged, lost or stolen rental books plus any and all unreimbursed applicable fees as outlined in the rental agreement.

REFERENCES (Third Party Only):

Applicant authorizes verification of bank, trade references and reporting agencies to release any reports to Follett for purposes of evaluating credit worthiness of its applicant. Applicant will provide Follett with a statement of its financial condition if Follett requests a statement. Applicant further authorizes Follett to use any information provided by the applicant pursuant to this agreement for the purpose of administering the applicant's account (s).

Bank

Name: _____

Account: _____

VI: PAYMENT INFORMATION AND TERMS:

PAYMENT METHODS:

Payment via lock box check or electronic payment (wire/ACH) is preferred payment methods to ensure security and prompt application of payments to accounts. Applicant agrees to provide all applicable information within the payment remittance advice (including invoice #, store #, major account #, etc.) as part of the lock box/electronic remittance documentation. In addition for electronic remittance, the comment/reference field of the bank transfer must include store # and invoice #.

PAYMENT TERMS:

Applicant agrees to be bound by the terms of the credit governing the account (s). Applicant will receive an invoice each month/predetermined period for the charges made to Applicant's account by authorized signers. Payment is due net thirty days from the date of the invoice. Disputes on any invoice must be reported to Follett within thirty days from the invoice date.

PAYMENT TERMS UNIVERSITY/COLLEGE/CAMPUS:

In addition to the above payment terms, reference Campus Contract with Follett for terms and conditions. Commission payable to the university/college will be withheld for A/R charges that are more than 60 days in arrears. Application of the commission to A/R will occur after 90 days instead of payment of commission.

LATE FINANCE CHARGES/ACCOUNT ON HOLD:

Late payments will be subject to a monthly finance charge of 1.5%. Follett may place all or any one of the applicant's accounts on hold in the event late payment and pursue collection for delinquent balances. To the extent permitted by applicable law, the Applicant will be liable for any costs and attorneys' fees incurred by Follett as a result of such collection. The laws of the State of Illinois will govern this agreement.

VII: AUTHORIZATION AND AGREEMENT TO ACCOUNT TERMS

Applicant authorizes Follett to use any information provided by the Applicant pursuant to this agreement for the purpose of administering the Applicant's account (s). In creating and handling accounts hereunder, Follett assumes none of the Applicant's responsibilities under federal or state laws that govern the creation and administration of student financial aid programs. Applicant acknowledges that it is solely responsible for complying with trust, record keeping, accounting, and distribution requirements of such laws and, to the extent permitted by applicable law, will indemnify Follett against any claims resulting for applicant's non-compliance.

APPLICANT'S SIGNATURE:

DATE:

CAMPUS AGREEMENT OF ACCOUNT SETUP (UNIVERSITY/CAMPUS ACCOUNTS ONLY):

By signing below, the college/university approves the creation of this account and has verified the information provided. The college/university is responsible for payment in the occurrence of non-payment of the department.

CAMPUS REPRESENTATIVE SIGNATURE:

DATE:

FOLLETT HIGHER EDUCATION, STORE MANAGER APPROVAL:

DATE:
