



IHS Markit™ Retail Deposit Account

Amount: \$500 \$1,000 \$2,500 Other \$_____

_____ (BUYER) is desirous of establishing a Deposit Account with IHS Markit (SELLER), to be used as payment for purchases of Seller’s product line. Deposit Account buyers will receive a *10% discount* on most documents or publications purchased from Seller (tax, freight and handling charges are ineligible), provided that sufficient funds are available in the account.

A minimum of \$500.00 is required to open a Deposit Account. It is recommended that the account be maintained at an amount to cover approximately three months’ worth of orders. Upon receipt of the initial payment by Seller, Buyer will be notified of its account number. *An invoice (marked “Paid”) will be mailed for each order shipped* and the amount will be deducted from the Deposit Account balance. Actual shipping/handling charges and applicable sales tax will be added to each invoice. All subsequent replenishments will be credited to the account. A statement of Buyer’s account will be forwarded monthly.

Should the account lack sufficient funds to cover an order, the 10% discount will be forfeited. Seller reserves the right to suspend shipments to overdrawn accounts until the account is replenished or separate payment is received.

Buyer may indicate up to three (3) persons authorized to use its Deposit Account.

Money placed in the Deposit Account will be exhausted at Buyer’s election through purchases of Seller’s product line. In the event Buyer has the need to terminate the Deposit Account, it is understood that the privileges and savings to Buyer will be forfeited. Buyer may terminate account upon written notification and all unused monies will be refunded within 15 days. Seller reserves the right to terminate the Deposit Account by giving Buyer 15 days written notice of termination and returning the balance, if any, in the account to Buyer within 30 days following date of notice of termination.

Payment Method:

Payment Enclosed – Check #: _____

Invoice Me – PO#: _____

Credit Card:

Visa MasterCard American Express
 Discover Diners Club

Credit Card #: _____

Name on Card: _____

Expiration Date: _____

Signature: _____

Persons Authorized to us Deposit Account (3 Max):

1. _____

2. _____

3. _____

I agree to the terms stated above:

Signature: _____

Bill To:

Name: _____

Company: _____

Street: _____

City: _____

State/Province: _____

Postal Code: _____ Country: _____

Ship To: Same as above

Name: _____

Company: _____

Street: _____

City: _____

State/Province: _____

Postal Code: _____ Country: _____

Remit To:

IHS Markit
Attn: Retail Sales
15 Inverness Way East
Englewood, CO 80112-5776 USA

Phone: 800-854-7179 or +1-303-397-7956
Fax: +1-303-397-2740
Email: global@ihs.com