

# NEW ARTIST/VENDOR AGREEMENT

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You are required to submit this "Artist / Vendor Agreement form" prior to album availability on the I.A.M. storefront. Please Complete this form for submission of your album to add or update our database. You may enter your information directly on this file. Print and sign your completed form and mail the signed document and include five copies of your professionally produced CD to the "Submission Address" listed below. Email this completed PDF document and include a jpeg of the cd cover (600x600 @ 72-100dpi) to [submissions@indieartistsmall.com](mailto:submissions@indieartistsmall.com)

## **PAYMENT TERMS:**

All payment terms are consignment. Payments are made monthly. The monthly billing cycle is based on the calendar month beginning on the 1st of each month and ending on the last day of each month. All payments will be based on I.A.M. sales each month. Payment will be made within 60 days from the date of the I.A.M. monthly report. To minimize banking transfers delays, revenue tracking, and to ensure account information confidentiality all artists receiving payment revenues are required to have active PayPal account. Payment revenues that are unable to process through PayPal will be distributed to the payment address you listed in this agreement.

## **FREIGHT:**

Prepaid, FOB Destination. Vendor will pay any additional freight expenses incurred in connection with an expedited shipment arising from a shipment delay caused by a Vendor.

## **SERVICE PRICING:**

There is a \$100 start-up cost in which you pay only after 1 CD is sold at I.A.M. The fee for additional album titles and any future releases is \$50 thereafter. After that you will be paid for each and every CD that is sold. I.A.M. receives \$2 on all full-length sales and \$1 on all EP's (7 tracks or less). You will need to send us 5 CD's for each album submission. There is an \$35 setup fee for an optional digital distribution package (eg. I-Tunes).

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450 HILLSIDE DRIVE BLDG B, STE 200 MESQUITE, NV 89027  
510.866.1150 | 309.409.5775 (FAX)

**RETURN POLICY:**

All product is 100% returnable to the vendor. I.A.M. is not liable for any lost or missing product. We will make our best effort to keep the inventory in balance. However due to possible circumstances beyond our control we cannot be held liable for missing product caused by mail. All payments made to the vendor will be based completely on the I.A.M. online sales report.

**CONDITIONS OF SERVICE:**

I.A.M. will not deny your submission (must show ownership of the product), all genres' are welcome. There is no review process on the viability of your cd. Once we receive the complete submission package, your music will be available for purchase in 5 business days. This agreement will not interfere with you going to a label at a later date. At I.A.M. you make the call, you are free to move on at anytime you choose and for any reason you choose. Recalling product from our inventory can take up to 4 weeks (not including shipping days) to gather everything. If you choose to move on we will make every effort to recover all unsold products.

**CONTACT:**

Storefront/Orders inquiries: [info@indieartistsmall.com](mailto:info@indieartistsmall.com)

Application Submission: [submissions@indieartstsmall.com](mailto:submissions@indieartstsmall.com)

Official corporate address:

Indie Artists Mall  
450 Hillside Drive  
Building B, Suite 200  
Mesquite, NV 89027

Phone: 510.866.1150

Submission Address:

Indie Artists Mall Submissions  
513 Capitol Drive  
Benicia, CA 94510

Fax: 309.409.5775

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## GENERAL INFORMATON

Name(s): <i>(Artist / Band / Label / Vendor)</i>			
Agent or Manager Contact Name(s):			
IPR or Copyrights:			
Address:			
City:	State:	Zip Code:	Country: <i>(if not USA)</i>
Hometown: <i>(include Country)</i>			
Primary Phone:		Fax:	
Alternate Phone:		Email:	
Your Homepage URL:		Additional Webpage URL(s):	
CDBaby (or other CD Store) URL: <i>optional</i>			

## PAYMENT RECIPIENT INFORMATON

Email or Phone to receive revenue through PayPal :		
Checks Payable To:		
Address to receive revenue checks:		
City:	State:	Zip Code:



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## SHORT BIOGRAPHY

Describe your band in 250 to 450 words. Write in the *THIRD* person, as if you were writing your official biography. Include influences for your musical style.

## COMMENTS:

By signing below, you affirm that you are at least thirteen (13) years of age else Legal Gaurdian signature is required.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LEGAL GAURDIAN SIGATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT NAME (PLEASE PRINT)

\_\_\_\_\_  
LEGAL GAURDIAN NAME (PRINTED)



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