

Customer Application

Please print or type answers to the questions and place in enclosed reply envelope.

Resale Certificate No.		Office Use Only	
		DC No.	CN No.
Firm Name		Telephone Number	eMail Address
Street Address		Fax Number	Mail Address (if different than street address)
City	County	State	Zip Code
Primary Type of Business			

PRINCIPAL OWNERS & OFFICERS

Name	SS#	Position or Title	Full Time	Part Time
			<input type="checkbox"/>	<input type="checkbox"/>
Home Address: Street/City/State/Zip				

How Long in Business? _____ P.O. Number Required? Yes No Amount of Credit Line Requested _____

Partnership Proprietorship

Corporation Branch _____ State of Incorporation _____

IMPORTANT: SALES TAX EXEMPTION

By law, Printed Systems must charge sales tax if the provided resale certificate is not completed and returned to us. To be considered valid the certificate must indicate your resale certificate number and must be signed.

Please furnish us the information listed below for one bank reference and three supplier references.

BANK NAME	Bank Name	Account No.	Phone
			Fax
	Address		
	City	State	Zip
CREDIT REFERENCES	Supplier Name	Account No.	Phone
			Fax
	Address		
	City	State	Zip
	Supplier Name	Account No.	Phone
			Fax
	Address		
	City	State	Zip
	Supplier Name	Account No.	Phone
			Fax
	Address		
	City	State	Zip

The Equal Credit Opportunity Act prohibits grantor from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status and age (providing the applicant has the capacity to enter into a binding contract). The federal agency that administers compliance with this law concerning this credit grantor is the Federal Trade Commission.

The second page of this application must be completed, signed by hand and returned prior to processing.

ADDITIONAL CONTACTS

Upon receipt and approval of your application, your company will be added to our mailing list for all marketing related literature. Please use the space below to indicate additional individuals within your company who should receive this information. Please attach additional sheets if necessary.

Print Name (First & Last)	Title	email
Print Name (First & Last)	Title	email
Print Name (First & Last)	Title	email

eMail Policy: At no time will we sell or share your email address with a third party. In addition to order confirmations and shipping notifications, we send promotional emails, which include special offers, sales tips and other marketing related information. Anyone who receives these emails can unsubscribe at any time.

APPLICANT'S SIGNATURE attests financial responsibility, willingness, and ability to pay invoices in accordance with Printed Systems terms. Further, it is understood orders or shipments will be held if account falls beyond terms. Applicant also acknowledges responsibility for any cost and expenses incurred in the collection of account by third party. The above information is willingly supplied and applicant authorizes Printed Systems to make the necessary inquiries with bank/trade references, and to obtain credit reports individually (if applicable) and/or financial statements from Company in the extension or continuation of credit terms. Applicant's signature or first submitted order also attests acceptance of Printed Systems trade policies, individual facility terms, and the terms and conditions set out at printtermsandconditions.com.

Signature Printed Name Title Date

PERSONAL GUARANTEE

In consideration for credit extended, or to be extended, to the company listed on this application, I/we do hereby agree, individually/jointly, to guarantee payment of the indebtedness of the company. The undersigned expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment, any notice of default, and other notices to which the guarantor might be entitled. This guaranteed shall inure to the benefit of the heirs, administrators, executors, successors, or assigns of the parties hereto.

Signature Printed Name Title Date

Signature Printed Name Title Date

PLEASE RETURN THIS SIGNED APPLICATION AND THE RESALE CERTIFICATE FORM TO :

**Printed Systems
1265 Gillingham Road
Neenah, WI 54956
800.352.2332 Phone
888.321.8247 Fax**

Blanket Resale & Exemption Certificate for all states except New York

The undersigned vendee hereby certifies that it is a regularly licensed retailer under the Law(s) of the state(s) indicated on the reverse side of this form holding the sales tax license or permit number(s) there enumerated and that all the tangible personal property purchased from:

Printed Systems

Is exempt from sales and use tax for the following reason: (Check applicable reason below)

Return to:
Printed Systems
1265 Gillingham Road
Neenah, WI 54956
800.352.2332 Phone
888.321.8247 Fax

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CUSTOMER NUMBER

Product that you will purchase: _____

Primary type of business: _____

Check



_____ Resale, in the regular course of business, in the form of tangible personal property.

_____ Incorporating the same, as a material, ingredient or component part, into tangible personal property produced for sale.

_____ Other authorized exemption (described).

This certificate shall be considered a part of each order given by vendee from and after the effective date herof, unless such order shall otherwise specify.

This certificate shall continue in full force and effect unless and until revoked in writing by the vendee.

The vendee understands and agrees that if it uses any property purchased tax-free under this certificate in any manner which would not exempt the sale from tax, it becomes the user or consumer of such property, and as such assumes liability for and undertakes to pay the tax and interest and penalty thereon, if any.

Date as of the _____ day of _____, 20 _____.

PLEASE INCLUDE YOUR SIGNATURE, TITLE
AND RESALE CERTIFICATE NUMBER.

Name of Purchaser (print or type)

Address

City, State, Zip

State Exempt In (See reversed side if more than one state.)

Signature of Purchaser or Agent

Title of Authorized Agent

Resale Certificate Number

If you are exempt in more than one state, please fill in the appropriate blank on the reverse side.

If you are exempt in the state of New York you must complete the ST-120 instead of this form.

Office File #: _____

THIS SIGNED FORM MUST BE RETURNED WITH YOUR
SIGNED CUSTOMER APPLICATION.

IMPORTANT

Please insert your Sales Tax License or Registration Number in the following tax jurisdictions in which you are registered:

Resale Certificate Number

ALABAMA

ALASKA

ARIZONA

ARKANSAS

CALIFORNIA

COLORADO

CONNECTICUT

DELAWARE

DISTRICT of COLUMBIA

FLORIDA

GEORGIA

HAWAII

IDAHO

ILLINOIS

INDIANA

IOWA

KANSAS

KENTUCKY

LOUISIANA

MAINE

MARYLAND

MASSACHUSETTS

MICHIGAN

MINNESOTA

MISSISSIPPI

MISSOURI

Resale Certificate Number

MONTANA

NEBRASKA

NEVADA

NEW HAMPSHIRE

NEW JERSEY

NEW MEXICO

NEW YORK Please complete the ST-120

NORTH CAROLINA

NORTH DAKOTA

OHIO

OKLAHOMA

OREGON

PENNSYLVANIA

RHODE ISLAND

SOUTH CAROLINA

SOUTH DAKOTA

TENNESSEE

TEXAS

UTAH

VERMONT

VIRGINIA

WASHINGTON

WEST VIRGINIA

WISCONSIN

WYOMING



Resale Certificate for New York Businesses only

ST-120

(1/11)

For New York businesses only.

Name of seller			Name of purchaser		
Street address			Street address		
City	State	ZIP code	City	State	ZIP code

Mark an **X** in the appropriate box: Single-use certificate Blanket certificate
 Temporary vendors must issue a single-use certificate.

To the purchaser:

You may not use this certificate to purchase items or services that are not for resale. If you purchase tangible personal property or services for resale, but use or consume the tangible personal property or services yourself in New York State, you must report and pay the unpaid tax directly to New York State. Any misuse of this certificate will result in tax liabilities and substantial penalty and interest.

Purchaser information – please type or print

I am engaged in the business of _____ and principally sell _____
 (Contractors may not use this certificate to purchase materials and supplies.)

Part 1 – To be completed by registered New York State sales tax vendors

I certify that I am:

- a New York State vendor (including a hotel operator or a dues or admissions recipient), show vendor or entertainment vendor. My valid *Certificate of Authority* number is _____
- a New York State temporary vendor. My valid *Certificate of Authority* number is _____ and expires on _____

I am purchasing:

- A.** Tangible personal property (other than motor fuel or diesel motor fuel)
 - for resale in its present form or for resale as a physical component part of tangible personal property;
 - for use in performing taxable services where the property will become a physical component part of the property upon which the services will be performed, or the property will actually be transferred to the purchaser of the taxable service in conjunction with the performance of the service; or
- B.** A service for resale, including the servicing of tangible personal property held for sale.

Part 2 – To be completed by non-New York State purchasers

~~I certify that I am not registered nor am I required to be registered as a New York State sales tax vendor. I am registered to collect sales tax or value added tax (VAT) in the following state/jurisdiction _____ and have been issued the following registration number _____. (If sales tax or VAT registration is not required and a registration number is not issued by your home jurisdiction, indicate the location of your business and write **not applicable** on the line requesting the registration number.)~~

~~I am purchasing:~~

- ~~**C.** Tangible personal property (other than motor fuel or diesel motor fuel) for resale, and it is being delivered directly by the seller to my customer or to an unaffiliated fulfillment services provider in New York State.~~
- ~~**D.** Tangible personal property for resale that will be resold from a business located outside New York State.~~

Certification: I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements and issue this exemption certificate with the knowledge that this document provides evidence that state and local sales or use taxes do not apply to a transaction or transactions for which I tendered this document and that willfully issuing this document with the intent to evade any such tax may constitute a felony or other crime under New York State Law, punishable by a substantial fine and a possible jail sentence. I understand that this document is required to be filed with, and delivered to, the vendor as agent for the Tax Department for the purposes of Tax Law section 1838 and is deemed a document required to be filed with the Tax Department for the purpose of prosecution of offenses. I also understand that the Tax Department is authorized to investigate the validity of tax exclusions or exemptions claimed and the accuracy of any information entered on this document.

Type or print name and title of owner, partner, or authorized person of purchaser	
Signature of owner, partner, or authorized person of purchaser	Date prepared

Substantial penalties will result from misuse of this certificate.