



personal attention, professional solutions

16th STREET
929 W. 16th Street
Indianapolis, IN 46202
Fax (317) 635-2312
(317) 635-2282

DOWNTOWN
106 N. Delaware Street
Indianapolis, IN 46204
Fax (317) 631-5993
(317) 631-5986

EAST
1817 N. Shadeland Ave.
Indianapolis, IN 46219
Fax (317) 356-2663
(317) 356-2522

ACCOUNT APPLICATION

Salesperson Initials

For the purpose of establishing open account privileges the undersigned furnishes the following information.

PLEASE PRINT OR TYPE

Firm Name

Street City State Zip

Telephone Fax E-mail

Billing address if different from above: Tax Exempt: yes no? (If yes, please complete Indiana General Sales Tax certificate on back)

Street City State Zip

Telephone Fax

Type of Business Legal Entity: Corporation Partnership Proprietors

Year Established How long at current address?

If less than 2 years, previous address:

Street City State Zip

How long at previous address:

Principals

(If a corporation, list names of officer, partners or owners)

Table with 4 columns: Name, Title, E-mail, Cell Phone

Trade/Credit References:

Company Name Name of Contact

Street City State Zip

Telephone Fax

Company Name Name of Contact

Street City State Zip

Telephone Fax

Company Name Name of Contact

Street City State Zip

Telephone Fax

Bank References:

Company Name Name of Contact

Street City State Zip

Telephone

In consideration for Printing Partners, Inc.'s agreement to extend credit to the customer named above ("Customer"), the undersigned guarantor ("Guarantor") grants permission for the Bank and the local credit references in this document to disclose applicant's financial information to Printing Partners, and upon credit approval, applicant agrees that (a) all accounts are due and payable within 30 day from invoice and bear interest as a rate of 11/2% per month thereafter, and (b) agrees to personally and unconditionally guaranty the payment when due of all debts and other charges incurred by Customer (the "Liabilities") on its account with Printing Partners.

Date: Guarantor Name: Guarantor SSN:

Authorized Signature Date

Persons authorized to charge:

Name	Title	E-mail	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INDIANA GENERAL SALES TAX EXEMPTION CERTIFICATE

(May not be used as an AGRICULTURAL EXEMPTION CERTIFICATE)

Name _____ RPMC No. _____

Address _____ Date _____

BLANKET SINGLE PURCHASE DESCRIPTION OF ARTICLES _____

- Sale to Retailer, Wholesaler or Manufacturer for **Resale Only**.
- Sale of Manufacturing machinery, tools and equipment to be used directly in direct production.
- Sales to Not-For-Profit Organizations, claiming exempt purchases pursuant to circular ST-14.

NOTE: Many purchases by Not-for-Profit Organizations are subject to Sales Tax; therefore, purchaser is cautioned to read circular ST-14 before signing this certificate.

- Sales to Governmental units.
- Other (Explain)

I hereby certify under the penalties of perjury, that the property that is to be purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the STATE GROSS RETAIL SALES TAX ACT.

Signed _____ Title _____

COMPANY EXEMPTION CERTIFICATES ARE NOT VALID FOR PERSONAL PURCHASES