

Distinct

* PACKABILITIES *

Application for Account

Return completed Application to your Sales Representative

Business Contact Information

Company Legal Name:

DBA or Tradename:

Street Address:

PO Box:

City:

State:

Zip:

Shipping Address:

Telephone:

Email:

Fax:

Business Type: C-Corp S-Corp LLC Partnership Proprietorship Other _____

Year Firm Started:

Organized In:

Years at Address:

Present Ownership Since:

Parent Firm:

Percent Ownership:

Owners, Officers, General Partners

<u>Name</u>	<u>Ownership</u>	<u>Title</u>	<u>Email</u>
	%		
	%		
	%		
	%		

Contact for Payment:

E-Mail Address:

Purchase Order Required: Yes No (If Yes, supply any additional information we may need)

Deliver Invoices via: Mail Fax E-Mail Other

Fax #/E-Mail to use:

Payment Type (select all that apply): Check Wire Credit Card **(See Notice below)**

Purchases Subject to Sales Tax: Yes No

If no, complete and return attached Certificate of Exemption

NOTICE: Pricing contained in our Estimates and Invoices assumes payment made via cash, check or ACH and reflects our CASH PRICE in accordance with Terms of Payment, as established. If you have selected Credit Card as a Payment Type (Visa, MasterCard and American Express accepted), our FULL PRICE will apply, and will be included on all invoices.

The undersigned represents that the information provided herein is true and accurate. This is NOT a credit agreement, and Seller extends no credit hereby. **Until Seller and Applicant execute a written credit agreement, all work requires prepayment ahead of receipt of all services.**

Applicant: _____

ACCEPTED by Distinct Packabilities, LLC.

Signed by: _____

Signed By: _____

Title/Authority: _____

Title/Authority: _____

Date: _____

Date: _____

Distinct

* PACKABILITIES *

Credit Application

Review typically requires 3-5 business days. Some suppliers only respond in writing, which may delay the process further.
Return completed Application to your Sales Representative

Applicant's complete legal name for Contracts, Invoices, Payments (must match Application for Account)

Address: _____

Amount of Credit Requested: _____

Annual Sales: _____

Trade References

Company Name: _____

Contact Name: _____

Title: _____

Phone: _____

Fax: _____

E-Mail: _____

Company Name: _____

Contact Name: _____

Title: _____

Phone: _____

Fax: _____

E-Mail: _____

Company Name: _____

Contact Name: _____

Title: _____

Phone: _____

Fax: _____

E-Mail: _____

Company Name: _____

Contact Name: _____

Title: _____

Phone: _____

Fax: _____

E-Mail: _____

Bank Name/Address:: _____

Phone: _____

Bank Used For (check all that apply): Checking Loans

Bank Contact: _____

E-Mail: _____

Please attach recent financial reports, including Balance Sheet, Profit/Loss Statement and Analysis of Cash Flows.

This is a Credit Application. Distinct Packabilities, LLC ("Seller") extends NO credit hereunder. Seller extends credit, if any, only pursuant to a written offer of credit which must be executed by Seller and its customer. Until a fully executed written offer of credit is in place, Applicant must prepay for any printing services it receives. The undersigned hereby authorizes Seller to contact the Trade References above identified and any other persons, corporations, or firms Seller deems appropriate to determine the current or continuing credit worthiness of Applicant

Applicant: _____

Signed By: _____

Title/Authority: _____

Date: _____



Dear Customer:

An important step in setting up an account is obtaining sales tax instructions. Several states are members of the Streamlined Sales and Use Tax Agreement (SSUTA), with Kentucky having joined on October 1, 2005. For deliveries into this state, we are required to impose the 6% Sales and Use Tax, unless appropriate exemption is first established. Additional states may impose this same requirement should they establish taxable nexus.

Attached is the multi-state Certificate of Exemption accepted by all SSUTA members. To avail yourself of an applicable exemption, check the applicable box of either section 1, or 2, indicate type of business in Section 4 (likely choices are 6, 10 or 13), and provide your state's sales tax (exemption) number in Section 5. For example, if the Resale Exemption is claimed, insert the number in item G. If you do not possess a state sales tax number, mark "N/A."

The last page (Multi-state Supplemental) must be completed if you are registered in a state(s) other than your own, and/or if you maintain a physical presence in other states.

Sign and date the Certificate, returning it by EMAIL: credit@pubpress.com, or FAX: 502.955.5586, or POST: P.O. Box 37500, Louisville, KY 40233.

Upon receipt of a duly completed form, we will not collect sales and use taxes for Kentucky or any other of the SSUTA's member-states claiming taxable nexus.

Any sales or use tax found to be due on your products is your obligation.

If you have any questions, or if we can be of any further assistance, please contact our Controller, Al Hecker, at 502.955.6526, or by email at alh@pubpress.com.

Thank You,
Distinct Packabilities LLC Credit Department

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1. Check if you are attaching the Multi-state Supplemental form.
 If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
2. Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

3. Please print

Name of purchaser _____			
Business Address _____	City _____	State _____	Zip Code _____
Purchaser's Tax ID Number _____		State of Issue _____	Country of Issue _____
If no Tax ID Number Enter one of the following:	FEIN	Driver's License Number/State Issued ID Number	Foreign diplomat number
_____	_____	State of Issue: Number _____	_____
Name of seller from whom you are purchasing, leasing or renting _____			
Seller's address _____		City _____	State _____ Zip code _____

4. Type of business. Circle the number that describes your business

- | | |
|---|---|
| <p>01 Accommodation and food services
 02 Agricultural, forestry, fishing, hunting
 03 Construction
 04 Finance and insurance
 05 Information, publishing and communications
 06 Manufacturing
 07 Mining
 08 Real estate
 09 Rental and leasing
 10 Retail trade</p> | <p>11 Transportation and warehousing
 12 Utilities
 13 Wholesale trade
 14 Business services
 15 Professional services
 16 Education and health-care services
 17 Nonprofit organization
 18 Government
 19 Not a business
 20 Other (<i>explain</i>) _____</p> |
|---|---|

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.

- | | |
|--|--|
| <p>A Federal government (<i>department</i>) _____
 B State or local government (<i>name</i>) _____
 C Tribal government (<i>name</i>) _____
 D Foreign diplomat # _____
 E Charitable organization # _____
 F Religious or educational organization # _____
 G Resale # _____</p> | <p>H Agricultural production # _____
 I Industrial production/manufacturing # _____
 J Direct pay permit # _____
 K Direct mail # _____
 L Other (<i>explain</i>) _____</p> |
|--|--|

6. Sign here. *I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.*

Signature of Authorized Purchaser	Print Name Here	Title	Date
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Name of Purchaser _____

STATE	Reason for Exemption	Identification Number (If Required)
AR	_____	_____
IA	_____	_____
IN	_____	_____
KS	_____	_____
KY	_____	_____
MI	_____	_____
MN	_____	_____
NC	_____	_____
ND	_____	_____
NE	_____	_____
NJ	_____	_____
NV	_____	_____
OH	_____	_____
OK	_____	_____
RI	_____	_____
SD	_____	_____
TN	_____	_____
UT	_____	_____
VT	_____	_____
WA	_____	_____
WI	_____	_____
WV	_____	_____
WY	_____	_____

SSUTA Direct Mail provisions are not in effect for Tennessee.

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.

XX	_____	_____
XX	_____	_____
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