



your business **our passion**

Application for Account

Return completed Application to your Sales Representative

Business Contact Information

Company Legal Name:			
DBA or Tradename:			
Title(s) to be Printed:			
Street Address:		PO Box:	
City:		State:	Zip:
Shipping Address:			
Telephone:		Email:	Fax:
Business Type: <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other _____			
Year Firm Started:	Organized In:	Years at Address:	Present Ownership Since:
Parent Firm:		Percent Ownership:	
Owners, Officers, General Partners			
Name	Ownership	Title	Email
	%		
	%		
	%		
	%		
Contact for Payment:		E-Mail Address:	
Purchase Order Required: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, supply any additional information we may need)			
Deliver Invoices via: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> Other		Fax #/E-Mail to use:	
Payment Type (select all that apply): <input type="checkbox"/> Check <input type="checkbox"/> Wire <input type="checkbox"/> Credit Card (See Notice below)			
Purchases Subject to Sales Tax: <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, complete and return attached Certificate of Exemption	

NOTICE: All Pricing used in our Contracts, Proposals, Estimates and Invoices assumes payment made by check or ACH, in accordance with Terms of Payment, as established. If authorizing payment by Charge Card (Visa, MasterCard and American Express accepted) a 3% Administrative Fee applies, the adjusted sum being included on all invoices.

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

Applicant: _____

ACCEPTED by Publishers Press, Inc.

Signed by: _____

Signed By: _____

Title/Authority: _____

Title/Authority: _____

Date: _____

Date: _____



your business **our passion**

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

Complete, legal name of Applicant for Contracts, Invoices, Payments (must match Application for Account)

Address: _____

Amount of Credit Requested: _____ **Expected Annual Volume:** _____

Trade References

Printer and/or Paper Vendors (current and immediate past) desired. All other vendors, list only those currently used.

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): <input type="checkbox"/> Checking <input type="checkbox"/> 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. Publishers Press, Inc. ("Printer") extends NO credit hereunder. Printer extends credit, if any, only pursuant to a written offer of credit which must be executed by Printer 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 Printer to contact the Trade References above identified and any other persons, corporations, or firms Printer deems appropriate to determine the current or continuing credit worthiness of Applicant

Applicant: _____

Signed By: _____

Title/Authority: _____

Date: _____



your business **our passion**

Dear Customer:

An important step in setting up an account is to obtain instructions relating to Sales and Use Tax. We are presently required to impose Kentucky's 6% Sales and Use Tax on goods shipped from our plant for delivery to Kentucky addresses, unless appropriate exemption is first established. Other states can require the collection of their state's Sales and Use Tax, if a taxable nexus is established.

Kentucky, along with several other states, is a member of the Streamlined Sales and Use Tax Agreement (SSUTA). Several exemptions are allowed under this agreement (see Section #5 of the attached), the most commonly used being: A/B) Governmental Body, E) Charitable organization, F) Religious/Educational Organizations, G) Resale, I) Industrial Production/Manufacturing, J) Direct Pay Permit and K) Direct Mail. This latter exemption applies to materials mailed from our premises, directly to subscribers, or other entities.

To avail yourself of one of these exemptions, please complete the attached Certificate of Exemption, returning it with your completed Application(s). To be valid, all sections must be properly completed, including your state's sales tax exemption, or other permit number, next to the applicable selection in Section #5. If you do not possess an applicable number, mark "N/A."

The last page (Multi-State Supplement) 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.

Upon our receipt of a duly completed form, we will not collect Sales and Use Tax 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 800-627-5801, or by email at alh@pubpress.com.

Thank You,
Publishers Press, Inc., 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 State of Issue: _____ Number _____	Foreign diplomat number _____
Name of seller from whom you are purchasing, leasing or renting Publishers Press, Inc. _____			
Seller's address 100 Frank E. Simon Avenue	City Louisville	State KY	Zip code 40165

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 _____
--	------------------------------	--------------------	-------------------

