



To All of Innovate Graphics' Valued Clients:

Thank you for your interest in working with our company!

Attached you will find credit documents needed for an open account.

Please return these forms via Fax to 704-573-1181 or by mail to: PO Box 23240, Charlotte, NC 28227.

In an effort to maintain compliance with state taxing authorities, Innovate Graphics is required to maintain current resale certificates for every customer. The certificate must include your company name and state tax identification number. Your state uses this number to verify the resale of products purchased from us. If we do not have your current information on file, we may be required to charge your company state sales tax for your orders.

Please take this opportunity to send us a copy of your most recent resale certificate with the tax identification for your state. If your company is supposed to be charged sales tax and Innovate Graphics has inadvertently not been charging you, please let us know so we can correct it in our system.

Forms should be sent to our credit department either by mail, by fax (704-573-1181) or email to info@innovategraphics.com.

Your response and cooperation is greatly appreciated. Should you have any questions, feel free to contact us at 704-573-1180.

Also, we want to share with you our industry's Over/Under Policy. For certain customized products, it is an accepted practice to invoice for overrun and shortages that occurred during manufacturing. Below is a list of products and percentage for our policy.

Product	Billable Percentage Over/Under Run
Labels-	10%
Commercial Printing	10%
Direct Mail	5%
Forms	10%
Custom Envelopes	20%

We value our relationship with your company and look forward to servicing you in the future.

Innovate Graphics
P.O. Box 23240
Charlotte, NC 28227
704.573.1180
fx 704.573.1181
www.innovategraphics.com

GLF, Inc. | PO Box 23240, Charlotte, NC 28227
 FFICE 704.573.1180 x.1100 | FAX 704.573.1181

BUSINESS INFORMATION				DESCRIPTION OF BUSINESS					
NAME OF BUSINESS				NO. OF EMPLOYEES		CREDIT REQUESTED		TYPE OF BUSINESS	
LEGAL (IF DIFFERENT)				IN BUSINESS SINCE				DNB#	
ADDRESS				BUSINESS STRUCTURE					
CITY		STATE		ZIP		<input type="checkbox"/> CORPORATION FEDERAL TAX ID# _____ <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIORSHIP <input type="checkbox"/> DIVISION/SUBSIDIARY PARENT COMPANY _____			
PHONE		FAX		<input type="checkbox"/> YES <input type="checkbox"/> NO				EMAIL ADDRESS	
SHIPPING HOURS				ARE INVOICES ACCEPTED BY EMAIL?					

ADDITIONAL INFORMATION

TAXABLE? YES NO TAX EXEMPT NUMBER (PLEASE ATTACH TAX EXEMPT CERTIFICATE TO THIS APPLICATION)

ACCOUNTS PAYABLE CONTACT				PURCHASING CONTACT			
NAME				NAME			
PHONE		FAX		PHONE		FAX	
EMAIL ADDRESS				EMAIL ADDRESS			
STATEMENT REQUIRED?							
<input type="checkbox"/> YES <input type="checkbox"/> NO							

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS							
NAME		TITLE		ADDRESS		PHONE	
NAME		TITLE		ADDRESS		PHONE	
NAME		TITLE		ADDRESS		PHONE	

BANK REFERENCES			
NAME OF BANK		NAME TO CONTACT	
BRANCH		ADDRESS	
CHECKING ACCOUNT NO.		TELEPHONE NUMBER	

TRADE REFERENCES				
FIRM NAME	CONTACT NAME	TELEPHONE NUMBER	FAX NUMBER	ACCOUNT OPEN SINCE

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I hereby certify that the information in this credit application is correct. The information included in this credit application is to be used to determine the amount and conditions of credit to be extended. I understand that the other sources of credit considered necessary in making the determination may also be used. Further, I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist in establishing a line of credit.

SIGNATURE _____ TITLE _____ DATE _____

POLICY STATEMENT: THE UNDERSIGNED HEREBY AGREES TO PAY SERVICE CHARGES ON ACCOUNTS OVER 30 DAYS. THESE SERVICE CHARGES WILL ACCRUE AT THE RATE OF 1 1/2% PER MONTH, (18% ANNUM). THE UNDERSIGNED AGREES TO PAY IN THE EVENT HIS ACCOUNT BECOMES DELINQUENT AND IS TURNED OVER TO A COLLECTION AGENCY OR ATTORNEY FOR COLLECTION, ALL COLLECTION FEES AND/OR ATTORNEY'S FEES AND COST OF COLLECTION. THE UNDERSIGNED ACKNOWLEDGES THAT THE GOODS AND/OR SERVICES PURCHASED ARE NOT PAYABLE IN INSTALLMENTS, BUT ARE PAYABLE IN FULL AS STATED HEREIN. **NET 30 DAYS** FROM DATE OF INVOICE UNLESS OTHERWISE STATED.

Streamlined Sales and Use Tax Certificate of Exemption

This is a multistate 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 Multistate 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:	1) FEIN	2) Driver's License Number or State Issued ID Number		3) Foreign Diplomat Number
Enter one of the following:		State _____ No. _____		

Please Print:

Name of seller from whom you are purchasing, leasing or renting

Seller's address	City	State	Zip code
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4. Type of business. Circle the number that describes your business

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

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

- | | |
|--|--|
| <p>A Federal government (department) _____</p> <p>B State or local government (name) _____</p> <p>C Tribal government (name) _____</p> <p>D Foreign diplomat # _____</p> <p>E Charitable organization # _____</p> <p>F Religious or educational organization _____</p> <p>G Resale _____</p> | <p>H Agricultural production # _____</p> <p>I Industrial production/manufacturing # _____</p> <p>J Direct pay permit # _____</p> <p>K _____</p> <p>L Other (explain) _____</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	Title	Date
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**Streamlined Sales and Use Tax
Certificate of Exemption
Multistate Supplemental**

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		
WV		

**SSUTA Direct Mail provisions are not in effect for Arkansas and 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.

WY		
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