



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@innovate-graphics.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"/> PROPRIETORSHIP <input type="checkbox"/> DIVISION/SUBSIDIARY PARENT COMPANY _____			
PHONE		FAX					
SHIPPING HOURS		ARE INVOICES ACCEPTED BY EMAIL?		<input type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL ADDRESS	
ADDITIONAL INFORMATION							
TAXABLE? <input type="checkbox"/> YES <input type="checkbox"/> 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		PHONE		EMAIL	
NAME		TITLE		PHONE		EMAIL	
NAME		TITLE		PHONE		EMAIL	
BANK REFERENCES							
NAME OF BANK				NAME TO CONTACT			
BRANCH				ADDRESS			
CHECKING ACCOUNT NO.				PHONE		EMAIL	
TRADE REFERENCES							
FIRM NAME	CONTACT NAME		PHONE	EMAIL		ACCOUNT OPEN SINCE	
CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY							
<p>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.</p>							
SIGNATURE _____			TITLE _____			DATE _____	
<p>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.</p>							

E-595E Streamlined Sales and Use Tax Certificate of Exemption

Do not send this form to the Streamlined Sales Tax Governing Board or the NC Department of Revenue. Send the completed form to the seller and keep a copy for your records. This is a multi-state form for use in the states listed. Not all states allow all exemptions listed on this form. The purchaser is responsible for ensuring it is eligible for the exemption in the state it is claiming the tax exemption from. Check with the state for exemption information and requirements. **The purchaser is liable for any tax and interest, and possible civil and criminal penalties imposed by the state, if the purchaser is not eligible to claim this exemption.**

1 Check if this certificate is for a single purchase. Enter the related invoice/purchase order # _____

2 A. Purchaser's name _____

B. Business address _____ City _____ State _____ Country _____ Zip code _____

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

D. Seller's address _____ City _____ State _____ Country _____ Zip code _____

3 Purchaser's type of business. Check the number that describes your business.

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

4 Reason for exemption. Check the letter that identifies the reason for the exemption.

- | | |
|---|--|
| <input type="checkbox"/> A Federal government (<i>department</i>) _____ | <input type="checkbox"/> H Agricultural production # _____ |
| <input type="checkbox"/> B State _____ government (<i>name</i>) _____ | <input type="checkbox"/> I Industrial production/manufacturing # _____ |
| <input type="checkbox"/> C Tribal government (<i>name</i>) _____ | <input type="checkbox"/> J Direct pay permit # _____ |
| <input type="checkbox"/> D Foreign diplomat # _____ | <input type="checkbox"/> K Direct mail # _____ |
| <input type="checkbox"/> G Resale # _____ | <input type="checkbox"/> L Other (<i>explain</i>) _____ |

5 Identification (ID) number. Enter the ID number as required in the instructions for each state in which you are claiming an exemption. If claiming multiple exemption reasons, enter the letters identifying each reason as listed in Section 4 for each state.

ID Number	State/Country	Reason	ID Number	State/Country	Reason
AR	_____	_____	NV	_____	_____
GA	_____	_____	OH	_____	_____
IA	_____	_____	OK	_____	_____
IN	_____	_____	RI	_____	_____
KS	_____	_____	SD	_____	_____
KY	_____	_____	TN	_____	_____
MI	_____	_____	UT	_____	_____
MN	_____	_____	VT	_____	_____
NC	_____	_____	WA	_____	_____
ND	_____	_____	WI	_____	_____
NE	_____	_____	WV	_____	_____
NJ	_____	_____	WY	_____	_____

6 Sign and Date. 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 _____

Phone number _____ E-mail address _____

Please print

Streamlined Sales and Use Tax Certificate of Exemption Instructions

Sections 1-6 are required information. A signature is not required if in electronic form. The purchaser is liable for any tax and interest, and possible civil and criminal penalties imposed by the state, if the purchaser is not eligible to claim this exemption.

Section 1: Check the box for a single purchase and enter the invoice/purchase order number. If the box is not checked, this certificate is considered a blanket certificate and remains effective until cancelled by the purchaser if purchases are no more than 12 months apart, unless a longer period is allowed by a state. In North Carolina, a recurring business relationship exists when a period of no more than 12 months elapses between sales transactions.

Section 2: Enter the purchaser's and seller's name, street address, city, state, country, and zip code.

Section 3 Type of Business: Check the number that best describes the purchaser's business or organization. If none of the categories apply, check 20 and provide a brief description.

Section 4 Reason for Exemption: Check the letter that identifies the reason for the exemption. If the exemption you are claiming is not listed, check "L Other" and provide a clear and concise explanation of the exemption claimed. Not all states allow all exemptions listed on this form. The purchaser must check with that state for exemption information and requirements.

Section 5 Identification ID Number: Enter the ID number as required in the instructions for each state in which you are claiming an exemption.

Purchaser's Instructions:

Enter the ID number as required in the instructions below for each state in which you are claiming an exemption. Identify the state or if a foreign ID, the country the ID number is from. If multiple exemption reasons are being claimed enter the letters identifying the reasons for exemption as listed in Section 4 for each state.

ID Numbers for Exemptions *other than resale*: You are responsible for ensuring that you are eligible for the exemption in the state you are claiming the tax exemption. Provide the ID number to claim exemption from sales and use tax that is required by the taxing state. Check with that state to determine your exemption requirements and status.

Foreign diplomats and consular personnel must enter their individual tax identification number shown on their sales tax exemption card issued by the United States Department of State's Office of Foreign Missions.

ID Numbers for *Resale Purchases (Including Drop Shipments)*: If you are claiming a purchase is not subject to tax because it is for resale (Exemption Reason G.) and you are:

- 1. Required to be registered in the state you are claiming the tax exemption:** Provide your sales tax ID number issued by that state. If claiming exemption in OH and registration is not required in the state, enter any tax ID number issued by OH. If claiming exemption in MI and registration is not required in the state, enter "Not Required".
- 2. Not registered in the state you are claiming the tax exemption:** Provide your sales tax ID number issued by any state.
- 3. Not required to register for sales tax and you do not have a sales tax identification number from any state:** Enter
-Your FEIN.
-If you do not have a FEIN, enter a different state-issued business ID number.
-If you do not have any state-issued business ID number or FEIN, enter your state driver's license number.
- 4. A foreign purchaser and you do not have an ID number described in 1, 2, or 3:** The following states will accept the tax ID number (e.g., VAT number) issued by your country: AR, IN, KS, KY, ND, NJ, OK, RI, SD, TN, UT, WA, WY. All other states require an ID number as listed in 1, 2 or 3.

If you do not have any of the ID numbers listed in 1 thru 4: You are not required to list an ID number for the following states: NE, OH, SD, WI. Enter "Not Required" and the reason for exemption for that state. All other states require an ID number.

Seller's Instructions:

The seller is not required to verify the purchaser's ID number or determine the purchaser's registration requirements. (GA requires the seller verify the purchaser's ID number.) The seller is required to maintain proper records of exempt transactions and provide those records to the state when requested in the form in which it is maintained. These certificates may be provided in paper or electronic format. If a paper exemption certificate is not forwarded by the purchaser, the seller must maintain the required data elements required on the form in an electronic format and make it available to Member states when requested. (see N.C. Gen. Stat. § 105-164.28)

The seller is not liable for any tax, interest, or penalty if the purchaser improperly claims an exemption or provides incorrect information on the certificate, provided all the following conditions are met:

1. The fully completed exemption certificate or required data elements are provided to the seller at the time of sale or within 90 days subsequent to the date of sale (see N.C. Gen. Stat. § 105-164.28)
2. The seller did not fraudulently fail to collect the tax due; and
3. The seller did not solicit customers to unlawfully claim an exemption.

Note: 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.

Drop Shipper Instructions: The drop shipper may accept an ID number to claim the resale exemption as provided above in the Purchaser's Instructions. The ID number may include an ID number issued by another state. This may result in the same ID number being used for multiple states to claim the resale exemption (e.g., a retailer or marketplace seller may only be required to register for sales tax in one state).

Section 6 Sign and Date: Sign and date the certificate of exemption. Print your name along with your title, phone number, and e-mail address where you can be reached if the Department has questions about your certificate of exemption.