

Resale/Exemption Certificate Number				
Company Name		Telephone Number	Fax Number	E-mail Address
Street Address		Mail Address (if different than street address)		
City	County	State	Zip Code	
Primary Type of Business				

### PRINCIPAL OWNERS & OFFICERS

Name	SS#	Position or Title	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Home Address		City	State	Zip Code
How Long in Business? _____		Amount of Credit Line Requested _____		
<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Listed with Dun & Bradstreet		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Branch _____	<input type="checkbox"/> State of Incorporation _____		

### IMPORTANT: SALES TAX EXEMPTION

By law, The Custom Resale Group of Companies must charge sales tax if a valid resale certificate is not completed and returned to us. If you do not complete the attached Blanket Resale/Exemption Certificate, one will be mailed to you within two weeks of opening your account. To be considered valid the certificate must indicate your resale certificate number and must be signed.

### BANK INFORMATION

Bank Name	Account No.	Phone
Address		
City	State	Zip Code

### CREDIT REFERENCES

Company Name	Account No.	Phone
Address		
City	State	Zip Code
Company Name	Account No.	Phone
Address		
City	State	Zip Code

APPLICANT'S SIGNATURE attests financial responsibility, willingness and ability to pay invoices in accordance with any Custom Resale Group Company's terms. All Custom Resale Group Companies reserve the right to hold orders or shipments if account goes beyond terms. Applicant also acknowledges responsibility for any costs and expenses incurred in collection of account by third party. (I hereby authorize the bank and supplier references listed in this application to release the information necessary to assist in establishing a line of credit.)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Title

RETURN ORIGINAL TO:

**Custom Resale Group**  
**4115 Profit Court**  
**New Albany, IN 47150**

**Phone: (800) 995-9500**      **Fax: (800) 995-9600**

**BLANKET RESALE/EXEMPTION CERTIFICATE**

The undersigned vendee hereby certifies that it is a regularly licensed retailer under the Law(s) of the state(s) indicated on the reverse side of this form holding the sales tax license or permit number(s) there enumerated and that all the tangible personal property purchased from:

**Custom Resale Group of Companies**

Printegra    PrintXcel    Wisco    National Imprint  
Discount Label    Lancer Label    Dealer Label    Synergy Label

is exempt from sales and use tax for the following reason: (Check applicable reason below)

Name \_\_\_\_\_

Return to: Custom Resale Group  
4115 Profit Court  
New Albany, IN 47150

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Customer Number

Product that you will purchase: Printed Office Products

Primary type of business: \_\_\_\_\_

Check



\_\_\_\_\_ Resale, in the regular course of business, in the form of tangible personal property.

\_\_\_\_\_ Incorporating the same, as a material, ingredient or component part, into tangible personal property produced for sale.

\_\_\_\_\_ Other authorized exemption (described).

This certificate shall be considered a part of each order given by vendee from and after the effective date hereof, unless such order shall otherwise specify.

This certificate shall continue in full force and effect unless and until revoked in writing by the vendee.

The vendee understands and agrees that if it uses any property purchased tax-free under this certificate in any manner which would not exempt the sale from tax, it becomes the user or consumer of such property, and as such assumes liability for and undertakes to pay the tax and interest and penalty thereon, if any.

Dated as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**PLEASE INCLUDE YOUR SIGNATURE, TITLE  
AND RESALE CERTIFICATE NUMBER.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature of Purchaser or Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Title of Authorized Agent

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
State Exempt in (See reverse side if more than one state.)

\_\_\_\_\_  
Resale Certificate Number

If you are exempt in more than one state, please fill in the appropriate blank on reverse side.

**IMPORTANT**

Please insert your Sales Tax License or Registration Number  
in the following tax jurisdictions in which you are registered:

ALABAMA \_\_\_\_\_

ALASKA \_\_\_\_\_

ARIZONA \_\_\_\_\_

ARKANSAS \_\_\_\_\_

CALIFORNIA \_\_\_\_\_

COLORADO \_\_\_\_\_

CONNECTICUT \_\_\_\_\_

DELAWARE \_\_\_\_\_

DISTRICT OF COLUMBIA \_\_\_\_\_

FLORIDA \_\_\_\_\_

GEORGIA \_\_\_\_\_

HAWAII \_\_\_\_\_

IDAHO \_\_\_\_\_

ILLINOIS \_\_\_\_\_

INDIANA \_\_\_\_\_

IOWA \_\_\_\_\_

KANSAS \_\_\_\_\_

KENTUCKY \_\_\_\_\_

LOUISIANA \_\_\_\_\_

MAINE \_\_\_\_\_

MARYLAND \_\_\_\_\_

MASSACHUSETTS \_\_\_\_\_

MICHIGAN \_\_\_\_\_

MINNESOTA \_\_\_\_\_

MISSISSIPPI \_\_\_\_\_

MISSOURI \_\_\_\_\_

MONTANA \_\_\_\_\_

NEBRASKA \_\_\_\_\_

NEVADA \_\_\_\_\_

NEW HAMPSHIRE \_\_\_\_\_

NEW JERSEY \_\_\_\_\_

NEW MEXICO \_\_\_\_\_

NEW YORK \_\_\_\_\_

NORTH CAROLINA \_\_\_\_\_

NORTH DAKOTA \_\_\_\_\_

OHIO \_\_\_\_\_

OKLAHOMA \_\_\_\_\_

OREGON \_\_\_\_\_

PENNSYLVANIA \_\_\_\_\_

RHODE ISLAND \_\_\_\_\_

SOUTH CAROLINA \_\_\_\_\_

SOUTH DAKOTA \_\_\_\_\_

TENNESSEE \_\_\_\_\_

TEXAS \_\_\_\_\_

UTAH \_\_\_\_\_

VERMONT \_\_\_\_\_

VIRGINIA \_\_\_\_\_

WASHINGTON \_\_\_\_\_

WEST VIRGINIA \_\_\_\_\_

WISCONSIN \_\_\_\_\_

WYOMING \_\_\_\_\_

## ADDITIONAL CONTACTS

Upon receipt and approval of your application your company will be added to our mailing list for all marketing related literature. Please use the space below to indicate additional individuals within your company who should receive this information. Please attach additional sheets if necessary.

Name (First & Last)			Title	
Address 1 (if different than primary address)			Phone (      )	
Address 2			Fax (      )	
City	State	Zip Code	E-mail	<input type="checkbox"/> Opt out of promo e-mail

Name (First & Last)			Title	
Address 1 (if different than primary address)			Phone (      )	
Address 2			Fax (      )	
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City	State	Zip Code	E-mail	<input type="checkbox"/> Opt out of promo e-mail

**E-Mail Policy:** At no time will The Custom Resale Group sell or share your e-mail address with a third party. Occasionally we send promotional e-mails, which include specials, sales tips and other marketing related information. Please check the box next to your e-mail address if you would prefer not to receive these e-mails.