



CREDIT APPLICATION

LEGAL COMPANY NAME _____ D.B.A. _____
 BUSINESS STRUCTURE INDIVIDUAL PARTNERSHIP CORPORATION
 DATE BUSINESS STARTED _____ DUNN & BRADSTREET NO. _____
 STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
 MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
 COMPANY PHONE NUMBER () _____ COMPANY FAX NUMBER () _____
 PURCHASING CONTACT _____ EMAIL ADDRESS _____
 ACCOUNTS PAYABLE CONTACT _____ PURCHASE ORDER REQUIRED? YES NO
 TAXABLE? YES NO STATE SALES TAX # _____ (PLEASE COMPLETE ST-3)

IF INDIVIDUAL OR PARTNERSHIP

OWNER'S NAME	HOME ADDRESS	HOME PHONE	SS#
OWNER'S NAME	HOME ADDRESS	HOME PHONE	SS#

IF CORPORATION: STATE INCORPORATED _____ CHARTER NUMBER _____

OFFICER'S NAME/TITLE	HOME ADDRESS	HOME PHONE	SS#
OFFICER'S NAME/TITLE	HOME ADDRESS	HOME PHONE	SS#

BANK REFERENCE

NAME _____ PHONE _____
 ADDRESS _____ OFFICER _____

TRADE REFERENCES:

NAME _____ PHONE _____
 ADDRESS _____ FAX _____
 NAME _____ PHONE _____
 ADDRESS _____ FAX _____
 NAME _____ PHONE _____
 ADDRESS _____ FAX _____

AGREEMENT

In consideration of any credit extended to the Applicant, I (we, or either of us), jointly and severally guarantee full and prompt payment of the account and any related charges created by such extension of credit. I (we, or either of us), agree that all of the undersigned are primarily liable on the account. Demand, notice of default and any requirement of proceeding first against collateral or the Applicant are expressly waived. All accounts will bear interest at the rate of 18% per annum from the due date of the account. In the event any part of any account is collected through probate, bankruptcy or other judicial proceedings by an attorney, or is placed in the hands of an attorney for collection, then the undersigned agree to pay reasonable attorney's fees. Any guarantee shall extend until notice of revocation in writing is acknowledged as received by Fresh Color Press.

Signature (Print or Type) _____ Date _____ Signature (Print or Type) _____ Date _____

Signature of Guarantor _____ Date _____ Signature of Guarantor _____ Date _____

Personal Guarantee: In consideration of credit being extended to the above named firm I personally guarantee all indebtedness hereunder. I further agree that this guaranty is an absolute, complete and continuing one and no notice of the indebtedness or any extension of credit already or hereafter contracted by an extended need be given. The terms may be rearranged, extended and or renewed without any notice to me. Within five days from notice that the account is past due, I will pay the amount due.

Signature _____ Date _____ Signature _____ Date _____

Certificate of Exemption

Purchaser: Complete this certificate and give it to the seller. Do not send to the Department of Revenue.

Seller: Keep this certificate as a part of your records.

Print or type

Check one
 Single purchase certificate **Blanket certificate** (if checked, this certificate continues in force until cancelled by the purchaser)

Name of purchaser's business or organization _____

Business address _____

City _____ State _____ Zip code _____

Purchaser's tax ID number _____ State of issue _____

If no number, give reason _____

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

Seller's address _____

City _____ State _____ Zip code _____

Describe business/exempt items

Describe the nature of your business or organization. Include a description of the items normally sold in your business, if applicable.

Describe the items for which you are claiming exemption.

Type of exemption

Circle the exemption reason code. Enter the number or title where applicable.

Code	Description
A	Agricultural or industrial production
B	Direct pay. Enter DP# _____
C	Exempt organization. Enter ES# or type of group _____
D	Motor carrier direct pay. Enter MCDP# _____
E	Percentage exemption <input type="checkbox"/> Advertising (enter percentage) _____% <input type="checkbox"/> Utilities (enter percentage) _____%
F	Resale
G	Resource recovery facility. Enter CN# _____
H	Services (multiple points of use)
I	Other. Enter title _____

Sign here

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY—If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Signature of authorized purchaser _____ Print name here _____ Title _____ Da _____

If you have questions, call 651-296-6181 or 1-800-657-3777. TTY: 1-800-627-3529 Minnesota Relay Service.