



2970 Lexington Avenue South
 Eagan, MN 55121-1420
 Phone: 651-289-2970 / Fax: 651-289-4399
 accountspayable@tandemprinting.com

CREDIT APPLICATION

Date: _____ Salesperson _____ Credit Limit Requested _____

Legal Business Name _____

Address: _____ City _____ County _____
 State _____ Zip _____ - _____

Years in Business _____ Years at this Location _____ Own Lease Store # _____ (If applicable)

Phone # _____ Fax # _____ Website _____

Type of Organization: Corporation Partnership Proprietorship LLC

Federal Tax ID# _____ Tax Exempt # _____ (Please Note: Sales tax will be charged if an Exemption Certificate is not provided.)

Business or Industry _____ # of Employees _____

Order Contact: _____ E-Mail Address _____

Accounts Payable Contact: _____ E-Mail Address _____

Preferred Method of Billing: Invoice by Mail Invoice by E-Mail (E-Mail Address) _____

Preferred Method of Payment: Check EFT Visa MasterCard American Express Discover
Please complete the attached Authorization for Credit Card Payment

Authorized Signer(s) (1) _____ (2) _____

Is a Purchase Order Required?: Yes No

PRINCIPALS (List all owners, officers and partners):

Name	Title	Home Address	City, State, Zip	Phone	% of Ownership

TRADE REFERENCES:

Company	Address	City, State, Zip	Phone/Fax
Company	Address	City, State, Zip	Phone/Fax
Company	Address	City, State, Zip	Phone/Fax

BANK REFERENCE:

Bank	Address	City, State, Zip	Phone/Fax
Checking Account #	Borrowing Account #	Contact/Name	

SELLING TERMS/INVESTIGATIONS: This credit applicant authorizes Tandem Printing, Inc. to investigate its credit with any of its suppliers, financial institutions, credit bureaus or credit reporting agencies. This credit applicant agrees to abide by the selling terms of Tandem Printing, Inc. as will be set forth in the questions, purchase orders and/or invoices of Tandem Printing, Inc. These terms will include (i) interest of eighteen percent (18%) per annum, or the maximum amount permitted by law, whichever is greater, on balances not paid when due and (ii) an obligation of the credit applicant to pay for reasonable attorney's fees and costs incurred by Tandem Printing, Inc. to collect or enforce any sums due and payable.

Signature	Title	Date
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INDEMNIFICATION/JURISDICTION: Each of the undersigned agrees for valuable consideration to unconditionally indemnify Tandem Printing, Inc. from any and all losses it might sustain by reason of the above named credit applicant failing to pay its obligations when due. We agree to waive notice of default and so individually and severally agree to be personally liable for the obligations of the credit applicant for any goods, services or credit extended by Tandem Printing, Inc., including any applicable service charges, interest and attorney's fees and costs. We and the credit applicant submit to the personal jurisdiction of the courts of the State of Minnesota with respect to the transactions contemplated herein. We are signing below in our individual capacity and on behalf of the credit applicant.

Signature	Name of Principal and Guarantor (print)	Date
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Signature	Name of Second Principal and Guarantor (print)	Date
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TANDEM PRINTING, INC. CREDIT CARD AUTHORIZATION

DATE _____

If you wish to purchase products and services from Tandem Printing, Inc. using your American Express, Visa, MasterCard, or Discover Card, please complete the form below, sign and fax to 651-289-4399 to the attention of **WENDY MOUNTAIN** or give it to your sales representative.

I, (We) _____ do hereby authorize Tandem Printing, Inc. to charge the credit card **American Express, Visa, MasterCard, or Discover Card** account noted below for purchases of product and/or services that will be made from time to time, by phone or by written purchase order.

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____ - _____

AMERICAN EXPRESS VISA MASTERCARD DISCOVER CARD

CREDIT CARD # _____ **EXPIRATION DATE** _____

VISA/MasterCard/Discover V Code: _____
(The LAST 3 DIGIT number printed on back of the card)

American Express CID Code: _____
(The SMALL 4 DIGIT number to the right on the front of the card)

NAME ON CARD: _____ AUTHORIZED PURCHASER (1) _____

DAYTIME PHONE: _____ AUTHORIZED PURCHASER (2) _____

FAX NUMBER: _____

I, (WE) CERTIFY THAT THE FACTS CONTAINED HEREIN ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I, (WE) AGREE TO ALL TERMS AND CONDITIONS AS ESTABLISHED BY TANDEM PRINTING, INC. AND AGREE TO PAY ALL INVOICES WITHIN TERMS.

AUTHORIZED SIGNATURE: _____ DATE: _____

Certificate of Exemption

Purchaser: Complete this certificate and **give it to the seller.**

Seller: If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

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

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity name and specific project:

Exempt entity name _____ Project description _____

Type or 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 _____	
	Name of seller from whom you are purchasing, leasing or renting _____			
	Seller's address _____		City _____	State _____ Zip code _____

Type of business. Circle the number that describes your business.

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

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

Reason for exemption	A Federal government (department) _____	I Agricultural production
	B Specific government exemption (from list on back) _____	J Industrial production/manufacturing
	C Tribal government (name) _____	K Direct pay authorization
	D Foreign diplomat # _____	L Multiple job exemption for computer software MPJ exemption is no longer valid; repealed March 8, 2008
	E Charitable organization # _____	M Direct mail
	F Educational organization # _____	N Other (enter number from back page) _____
	G Religious organization # _____	O Percentage exemption
	H Resale	<input type="checkbox"/> Advertising (enter percentage) _____%
		<input type="checkbox"/> Utilities (enter percentage) _____%

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 _____	Date _____
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