

(Excelsior Federal I.D. # 34-1972762)

APPLICATION FOR CREDIT

Name of Firm: _____

Address: _____

Telephone No.: _____ Fax No.: _____

Starting Date of Business: _____

Corporation _____ Yes _____ No _____ Date Incorporated _____

Company Officers: _____

Firm's Bank: _____

Contact: _____ Account No: _____

Trade References

1. _____ Phone No.: _____ Fax No.: _____

2. _____ Phone No.: _____ Fax No.: _____

3. _____ Phone No.: _____ Fax No.: _____

4. _____ Phone No.: _____ Fax No.: _____

We certify that all the information on this form is correct.

Date _____ Signature _____

_____ Title _____

Mail or Fax to:



EXCELSIOR MARKING

A DIVISION OF MARK-ALL ENTERPRISES, LLC

888 WEST WATERLOO ROAD • AKRON, OHIO 44314
AKRON: (330) 745-2300 • 1-800-433-3615 • FAX: (330) 745-2333

BLANKET CERTIFICATE OF EXEMPTION

The undersigned hereby claims to purchases of tangible personal property and selected services made from

NAME OF VENDER

and certifies that this claim is based upon the purchaser's proposed use of the items purchased, the activity of the purchaser, or both, as shown hereon:

(Purchaser must state a valid statutory reason for claiming exemption or exception)

(PURCHASER'S NAME)

(BY - SIGNATURE AND TITLE)

(PURCHASER'S ADDRESS)

(DATE SIGNED)

CITY

STATE

ZIP CODE

(VENDOR'S LICENSE, IF ANY)

Vendor's of motor vehicles, titled watercraft and outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchasers must comply with rule 5703-9-10 of the Administrative Code.

This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Amendment Code.

STATUTORY REASON FOR EXEMPTIONS OR EXCEPTIONS

For resale in the form in which received.

A sale of packages or of materials and parts thereof, or of machinery, equipment, and materials for use in packaging personal property produced for sale or sold at retail to a person engaged in Manufacturing, Assembling, Processing, or Mining.

A sale of packages or of materials and parts thereof, or of machinery, equipment, and materials for use in packaging personal property produced for sale or sold at retail to a person engaged in Farming, Agriculture, Horticulture, or Floriculture.

A sale of packages or of materials and parts thereof, or of machinery, equipment, and materials for use in packaging personal property produced for sale or sold at retail to a person engaged in making retail sales.

For use or consumption as a material or part for incorporation into personal property to be produced for sale by Manufacturing, Assembling, Processing, or Refining.

For consumption primarily in a manufacturing operation to produce tangible personal property for sale.

For use or consumption directly in rendition of a public utility service.

For use or consumption directly in the production of personal property for sale by Farming, Agriculture, Horticulture, or Floriculture.

For use or consumption as a material or part for incorporation into magazines distributed as controlled circulation publications.

For use or consumption in the production and preparation in suitable condition for market and sale of printed, imprinted, over-printed, lithographic, multilithic, blueprinted, photostatic, or other productions or reproductions of written or graphic matter.

A sale to a church.

A sale to a nonprofit organization operated exclusively for charitable purposes in this state.

A sale to the FEDERAL or STATE government or any of its political subdivisions.

OTHER: Please be specific about any other statutory reason for exemption that is not listed.



Customer Setup / Maintenance Form

Date: _____

Bill To: _____

Address: _____

City, State, Zip: _____

URL address: _____

Accounts Payable Contact: _____

PH: _____ FAX: _____

email: _____

Will you accept emailed invoices? *circle one* YES NO

If yes, please specify the email address: _____

Tax Payer ID # (TIN): _____

Tax Exempt #: _____

Main Contact: _____

PH: _____ FAX: _____

Purchasing: _____

PH: _____ FAX: _____

Plant Manager: _____

PH: _____ FAX: _____

What are your Business Hours: _____

Principal Products, Services & Capabilities: _____

Would you like to receive our company newsletter? *circle one* YES NO

If yes, who should we notify? _____

Preferred method:

PH: _____ FAX: _____ email: _____

Mailing Address: _____

Do you have any satellite companies that would benefit from our products that we may contact? *circle one* YES NO

Business Name: _____ Contact Name: _____ Title: _____

PH: _____ FAX: _____ email: _____

Mailing Address: _____

Ship To: _____

Business Address or Residential Address

Address: _____

City, State, Zip: _____

Preferred Shipping Method: _____

Collect or Pre-paid & Add

If you prefer us to ship collect, please specify the following:

Account # _____

Insure or Do Not Add Insurance

Receiving Dept. Contact: _____

PH: _____ FAX: _____

email: _____

Receiving Hours: _____

Title: _____

email: _____

Title: _____

email: _____

Title: _____

email: _____

Please return this form to:

Stephanie Aloï • Customer Service Manager

email: sales@excelsiormarking.com • Fax: (330) 745-2333

888 W. Waterloo Rd. • Akron, OH 44314