

DISTRIBUTOR APPLICATION FOR CREDIT

675 Hartman Road Austell, GA 30168

Phone: 678 945-5191 Toll Free: 800 699-2978 Fax: 678 279-9920

Email: credit@graphdim.com

Please complete and return. Note this credit application is valid for all
Graphic Dimensions plants (GA, KY, NH), and is valid for
New Dimension Labels and LaunchPad.



ADDING A NEW DIMENSION TO BUSINESS PRINTING



LAUNCHPAD

BUSINESS INFORMATION

Business Name _____ Fed. Tax ID # _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____
(optional)

Phone () _____ Fax () _____ E-mail address _____

LEGAL ENTITY

Type of business: ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Limited-Liability Company

LIST OWNERS OR OFFICERS:

Name	Soc. Sec. #	Title	Home Address	Home Phone
1 _____				() _____
2 _____				() _____
3 _____				() _____

A/P Contact: _____ Phone () _____ E-mail _____

REFERENCE INFORMATION

Bank Name _____ Phone () _____ Acct. # _____ Officer _____

BUSINESS CREDIT REFERENCES:

1	Name _____	Address _____
	Phone _____ Fax # _____	City _____ State _____ Zip _____
2	Name _____	Address _____
	Phone _____ Fax # _____	City _____ State _____ Zip _____
3	Name _____	Address _____
	Phone _____ Fax # _____	City _____ State _____ Zip _____

PLEASE SIGN BELOW

The Customer hereby consents to GRAPHIC DIMENSIONS contacting the Customer's bank and credit references. Customer agrees that neither Seller nor reference will be liable for any claim for damages as a result of credit information being furnished to Seller. Customer agrees all information is true and accurate. Customer agrees that they are financially able to meet any commitments they make and are expected to pay all invoices according to terms.

The undersigned hereby, jointly and severally, unconditionally and irrevocably guaranties to Graphic Dimensions, Inc ("GDI") the full payment and performance, when due, of all debts, accounts, liabilities and obligations of the Applicant to GDI, to include interest, charges, reasonable attorney fees and all cost of collection.

This guaranty is an absolute, primary, continuing and unconditional guaranty of payment and not of collection. The undersigned hereby waives: (a) protest and notice of dishonor or of default, (b) demand for payment under this guaranty (c) provisions of O.C.G.A. 10-7-24, (d) all rights of subrogation, indemnification, contribution and reimbursement from the Applicant, (e) any obligation of GDI to first proceed against the Applicant. The Applicant and the undersigned hereby consent to exclusive venue and jurisdiction in any State court in Cobb County, Georgia for any action arising out of any dispute between the parties herein.

By: _____ Title: _____
Purchaser's Authorized Name, Printed Purchaser's Authorized Signature (Owner, Partner, or Corporate Officer)

By: _____ Title: _____
Purchaser's Authorized Name, Printed Purchaser's Authorized Signature (Owner, Partner, or Corporate Officer)

MULTI-STATE SALES TAX EXEMPTION AND RESALE CERTIFICATE

I CERTIFY THAT:

Name of Purchaser _____

Address _____

City _____ State _____ Zip _____

IS ENGAGED AS A REGISTERED (please check all that apply):

- ☐ Wholesaler
- ☐ Retailer
- ☐ Manufacturer
- ☐ Lessor

...and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients, or components of a new product or service to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

GENERAL DESCRIPTION OF BUSINESS:

DESCRIPTION OF PRODUCTS TO BE PURCHASED FROM SELLER:

LIST STATE REGISTRATION, SELLER'S PERMIT, OR TAX EXEMPT ID NUMBER FOR EACH STATE THE FORM APPLIES:

AL	IL	MT	RI
AK	IN	NE	SC
AR	IA	NV	SD
AZ	KS	NH	TN
CA	KY	NJ	TX
CO	LA	NM	UT
CT	ME	NY	VT
DC	MD	NC	VA
DE	MA	ND	WA
FL	MI	OH	WV
GA	MN	OK	WI
HI	MS	OR	WY
ID	MO	PA	

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a sales or use tax we will pay the tax due directly to the proper tax authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

UNDER PENALTIES OF PERJURY, I SWEAR OR AFFIRM THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AS TO EVERY MATERIAL MATTER.

X	Purchaser's Authorized Name, Printed	Purchaser's Authorized Signature (Owner, Partner, or Corporate Officer)	Title:
			Date