

Customer Application



Please print or type answers to the questions and place in enclosed reply envelope.

Resale Certificate No.		Office Use Only	
		DC No.	CN No.
Firm Name		Telephone Number ()	E-Mail Address
Street Address		FAX Number ()	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	Part Time
			<input type="checkbox"/>	<input type="checkbox"/>

Home Address: Street-City-State-Zip

How Long in Business? _____ Amount of Credit Line Requested _____

Partnership Proprietorship Listed with Dun & Bradstreet

Corporation Branch State of Incorporation _____

IMPORTANT: SALES TAX EXEMPTION

By law, Northstar 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.

Please furnish us the information listed below for one bank reference and two supplier references.

BANK NAME	BANK NAME	BANK NAME
Bank Name	Account No.	Phone ()
Address		
City	State	Zip
Supplier Name	Account No.	Phone ()
Address		
City	State	Zip
Supplier Name	Account No.	Phone ()
Address		
City	State	Zip

APPLICANT'S SIGNATURE attests financial responsibility, willingness, and ability to pay invoices in accordance with terms. Further, it is understood orders or shipments will be held if account falls beyond terms. Applicant also acknowledges responsibility for any cost and expenses incurred in the collection of account by third party. The above information is willingly supplied and applicant authorizes Northstar to make the necessary inquiries with bank/trade references, and to obtain credit reports individually (if applicable) and/or financial statements from Company in the extension or continuation of credit terms. Applicant's signature or first submitted order also attests acceptance of Northstar trade policies. To view a copy of these policies, visit www.ennis.com/trade-policies or request by phone from the Northstar accounting department.

Signature _____ Date _____

Title _____

PLEASE RETURN THE ORIGINAL OF THIS FORM TO

Northstar
7130 Northland Circle N.
Brooklyn Park, MN 55428

Phone:
(800) 765.6787
 Fax:
(763) 535.5671

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	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 ()	
City	State	Zip	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 ()	
City	State	Zip	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 ()	
City	State	Zip	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 ()	
City	State	Zip	E-mail	<input type="checkbox"/> Opt out of promo e-mail

E-mail Policy: At no time will we sell or share your e-mail address with a third party. Occasionally, we send promotional e-mails, which include special offers, 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.

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:

Northstar Computer Forms, Inc.

Northstar Financial Forms, Inc.

General Financial Supply

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

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Product that you will purchase: _____

Primary type of business: _____

RETURN TO: **Northstar**
Attn: Tax Department
7130 Northland Circle N.
Brooklyn Park, MN 55428

CUSTOMER NUMBER

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 herof, 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.

Date as of the _____ day of _____, 20 _____.

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

Name of Purchaser (print or type)

Address

City, State, Zip

State Exempt In (See reversed side if more than one state.)

Signature of Purchaser or Agent

Title of Authorized Agent

Resale Certificate Number

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

Office File #: _____

IMPORTANT

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

Resale Certificate Number

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 _____

Resale Certificate Number

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 _____