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**Distributor Application**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Email completed form to:**  **Precision Press Inc.** | | | | ***Email:*** [**PPDealer@PrecisionPressInc.com**](mailto:PPDealer@PrecisionPressInc.com) | | | | |
| Business | **Legal Business Name** | | | | | | | |
|  | **Company name listed on purchase order (if different than above)** | | | | | | | |
|  | **Street Address** | | | | | **Email address** | | |
| **City, State, Zip** | | | | **Phone**  ( ) | | | **Fax**  ( ) |
| **Owner’s Name** | | | | | Addition Contact Name | | |
|  | Billing Location (if different than above) | | | | | **Paying Office (if different than above)** | | |
|  | Business Name | | | | | Business Name | | |
| Address | | | | | Address | | |
| City/State/Zip | | | | | City/State/Zip | | |
| Phone  ( ) | Fax  ( ) | | | | Phone  ( ) | | Fax  ( ) |
| Contact Name | | | | | Contact Name | | |
| Email | **Provide an email address. All invoices will be sent to this address:** | | | | | |  | |
|  | |
|  | | | | | | | |
| **Company Information** | Primary Supplier of adhesive note products during the past 12 months   |  |  |  |  | | --- | --- | --- | --- | | Types of Locations (Please check all that apply)  Single Location  Franchise  Branch Office  Other | ASI#: | Types of Locations (Please check all that apply)  Single Location  Franchise  Branch Office  Other | ASI#: | |  | Dun and Bradstreet #: | Dun and Bradstreet #: | | | | | | | | |
| **Exemption** | **State Sales/Use Tax Account Number** | | | | | | | |
| I hereby certify that I am engaged in the business of (required.) and the tangible personal property described below which I shall purchase from Precision Press Inc., 2020 Lookout Drive, North Mankato, MN 56003, is exempt from (**your State**) (required) State sales tax for the following reason(required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | |
| I, the undersigned purchaser, hereby certify that all of the above information pertaining to my business is correct.  I certify that all products which I shall purchase from Precision Press Inc., 2020 Lookout Drive, North Mankato, MN 56003, is exempt and that I will be responsible for collecting any taxes that may pertain to such products. | | | | | | | | |
| Signature of Authorized Purchaser (Actual Signature Required) | | | Title of Authorized Purchaser | | | | | Date |

**Prepayment Information**

In order to best serve our customers, we have elected to require new accounts to prepay all orders until the minimum requirements are met. To be considered for terms, customers must obtain $3000.00 in sales *and* two (2) orders within a 12 month time period.  Credit can be reviewed at the customer’s request once these minimums have been met­ by emailing [PPARDepartment@ppress-tc.com](mailto:PPARDepartment@ppress-tc.com) or calling 800-264-3349.