



3323 Oak Street, P.O. Box 587
Brainerd, Minnesota 56401
(218) 829-2877 Fax (218) 829-7145
Toll Free 1-800-328-0450

CUSTOMER INFORMATION FORM

Name of firm (correct legal name) _____

Address _____ City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____ Year business was established _____

E-mail Address: _____

Type of business _____ Tax exempt number _____

(Must attach valid exemption form.)

(check one) Corporation Partnership Proprietorship Number of employees _____

Billing address (if different from above) _____

Person to contact regarding payment of invoices _____

Owners and/or officers are:

Bank Name _____ Branch _____

Address _____ Telephone (_____) _____

Officer or person you do banking with _____ Account Number _____

Not valid without authorized signature:

_____ Title _____ Date _____

UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2 - 4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: Bang Printing

Address: 3323 Oak Street, P.O. Box 587, Brainerd, MN 56401

I certify that: _____ is engaged as a registered

Name of Firm (Buyer): _____	Wholesaler _____
Address _____	Retailer _____
_____	Manufacturer _____
_____	Seller (California) _____
_____	Lessor (see notes on pages 2 - 4) _____
_____	Other (Specify) _____

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 service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ²	_____	MO ¹³	_____
AR	_____	NE ¹⁴	_____
AZ ²²	_____	NV	_____
CA ¹	_____	NJ	_____
CO	_____	NM ^{1,15}	_____
CT ⁴	_____	NC ²⁵	_____
DC ⁵	_____	ND	_____
FL ²³	_____	OH ²⁶	_____
GA ⁶	_____	OK ¹⁶	_____
HI ^{1,7}	_____	PA ²⁷	_____
ID ^{1,8}	_____	RI ¹⁷	_____
IL	_____	SC ¹⁸	_____
IA	_____	SD	_____
KS	_____	TN	_____
KY ²⁴	_____	TX ¹⁹	_____
ME ⁹	_____	UT	_____
MD ¹⁰	_____	VT	_____
MI ¹¹	_____	WA ²⁰	_____
MN ¹²	_____	WI ²¹	_____

I further certify that if any property or service 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 taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled 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.

Authorized Signature: _____
(Owner, Partner or Corporate Officer)

Title: _____

Date: _____