



National Sales Office:

121 East 10th Avenue
North Kansas City, MO 64116

Converting Facilities:

121 East 10th Avenue
North Kansas City, MO 64116

1055 Elm Hill Pike
Nashville, TN 37210

3160 Airport Road
La Crosse, WI 54603

13565 SW Tualatin Sherwood Road
Building 200
Sherwood, OR 97140

INSTRUCTIONS

SECTION A - ACCOUNT INFORMATION AND CREDIT REFERENCES

Enter the name of your company as it appears on your remittance. Please answer each question and provide phone numbers and name of contacts on the credit references.

SECTION B - TAX EXEMPT CERTIFICATE

Please complete, sign and date this section if tax exempt status is requested. **NOTE: Tax will be assessed if this section is not signed.**

SECTION C - ACKNOWLEDGEMENT OF CREDIT TERMS

Application must be signed by an authorized person, preferably by President, Treasurer, Chief Financial Officer, Comptroller, or Accounts Payable Manager. **NOTE: This section must be signed to initiate credit investigation.**

SECTION D - FINANCIAL DATA (NOT ATTACHED BUT WILL BE SENT IF DEEMED NECESSARY)

Please complete if credit line exceeds \$5,000 or attach a signed copy of your latest financial statement.

SECTION E - PERSONAL GUARANTEE FORM (NOT ATTACHED BUT WILL BE SENT IF DEEMED NECESSARY)

Please complete if your company has been in existence for less than one year or if required by the credit department.

PLEASE EMAIL YOUR RESPONSE TO: _____



CREDIT APPLICATION

ATTN OF:

SECTION A - Account Information and Credit References

APPLICANT BUSINESS OR CORPORATE NAME		FEDERAL ID #	APPLICATION DATE / /	
BUSINESS STREET ADDRESS		CITY	STATE	ZIP
BILL TO ADDRESS		CITY	STATE	ZIP
SHIP TO ADDRESS		CITY	STATE	ZIP
BUSINESS TELEPHONE	YEAR BUSINESS WAS ESTABLISHED	BUSINESS STATUS PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC	TAX STATUS <input type="checkbox"/> TAXABLE <input type="checkbox"/> NONTAXABLE	
DO YOU REQUIRE PURCHASE ORDER NUMBERS ON OUR INVOICES?	FAX NUMBER	DO YOU ACCEPT BACK ORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF PERSON RESPONSIBLE FOR APPROVING PAYMENTS	
			EMAIL ADDRESS	
HOW DID YOU HEAR ABOUT REGAL PLASTIC SUPPLY? <input type="checkbox"/> YELLOW PAGES <input type="checkbox"/> DIRECT MAIL <input type="checkbox"/> SALES REP <input type="checkbox"/> REFERRAL <input type="checkbox"/> OTHER			TYPE OF BUSINESS	

OWNERS (IF APPLICANT IS A SOLE PROPRIETORSHIP OR PARTNERSHIP)

OFFICERS (IF A CORPORATION)

NAME	TITLE	NAME	TITLE
NAME	TITLE	NAME	TITLE

APPLICANT'S BANK REFERENCE

NAME OF BANK AND OFFICER	ADDRESS	PHONE NUMBER	TYPE OF ACCOUNT AND NUMBER
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APPLICANT'S TRADE REFERENCES (PLEASE LIST FOUR)

NAME	ADDRESS	PHONE NO.
	EMAIL ADDRESS	FAX NO.
NAME	ADDRESS	PHONE NO.
	EMAIL ADDRESS	FAX NO.
NAME	ADDRESS	PHONE NO.
	EMAIL ADDRESS	FAX NO.
NAME	ADDRESS	PHONE NO.
	EMAIL ADDRESS	FAX NO.

NOTE: STATEMENTS WILL NOT BE SENT, PLEASE PAY BY INVOICE

Credit Limit Requested: _____

SECTION B - Tax Exempt Certificate

Streamlined Sales and Use Tax Agreement

Certificate of Exemption

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

- 1.** Check if you are attaching the Multi-state Supplemental form.
 If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
- 2.** Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

3. Please print

Name of purchaser _____

Business Address _____ City _____ State _____ Zip Code _____

Purchaser's Tax ID Number _____ State of Issue _____ Country of Issue _____

If no Tax ID Number Enter one of the following:	FEIN	Driver's License Number/State Issued ID Number	Foreign diplomat number
_____	_____	_____	_____
State of Issue: _____ Number _____			

Name of seller from whom you are purchasing, leasing or renting _____

Seller's address _____ City _____ State _____ Zip code _____

4. Type of business. Circle the number that describes your business

- | | |
|--|--|
| <p>01 Accommodation and food services
02 Agricultural, forestry, fishing, hunting
03 Construction
04 Finance and insurance
05 Information, publishing and communications
06 Manufacturing
07 Mining
08 Real estate
09 Rental and leasing
10 Retail trade</p> | <p>11 Transportation and warehousing
12 Utilities
13 Wholesale trade
14 Business services
15 Professional services
16 Education and health-care services
17 Nonprofit organization
18 Government
19 Not a business
20 Other (<i>explain</i>) _____</p> |
|--|--|

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.

- | | |
|--|--|
| <p>A Federal government (<i>department</i>) _____
B State or local government (<i>name</i>) _____
C Tribal government (<i>name</i>) _____
D Foreign diplomat # _____
E Charitable organization # _____
F Religious or educational organization # _____
G Resale # _____</p> | <p>H Agricultural production # _____
I Industrial production/manufacturing # _____
J Direct pay permit # _____
K Direct mail # _____
L Other (<i>explain</i>) _____</p> |
|--|--|

6. Sign here. *I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.*

Signature of Authorized Purchaser _____	Print Name Here _____	Title _____	Date _____
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SECTION B - Tax Exempt Certificate

Streamlined Sales and Use Tax Agreement

Certificate of Exemption Multi-state Supplemental

Name of Purchaser _____

STATE	Reason for Exemption	Identification Number (If Required)
AR	_____	_____
GA	_____	_____
IA	_____	_____
IN	_____	_____
KS	_____	_____
KY	_____	_____
MI	_____	_____
MN	_____	_____
NC	_____	_____
ND	_____	_____
NE	_____	_____
NJ	_____	_____
NV	_____	_____
OH	_____	_____
OK	_____	_____
RI	_____	_____
SD	_____	_____
TN	_____	_____
UT	_____	_____
VT	_____	_____
WA	_____	_____
WI	_____	_____
WV	_____	_____
WY	_____	_____

SSUTA Direct Mail provisions are not in effect for Tennessee.

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.

XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____



SECTION C - Acknowledgement of Credit Terms

**NOTE: STATEMENTS WILL NOT BE SENT. PLEASE PAY BY INVOICE.
TERMS ARE NET 30 DAYS FROM INVOICE DATE.**

ALL RETURNS MUST HAVE WRITTEN AUTHORIZATION BY THE BRANCH MANAGER. RETURNS ARE SUBJECT TO A RESTOCKING CHARGE.
IF LITIGATION IS REQUIRED, THE LAWS OF THE STATE OF MISSOURI WILL OVERRIDE ANY OTHER JURISDICTION AND WILL BE APPLIED TO THE COLLECTION OF THE DEBT.

In consideration of Regal Graphics (referred to herein as Regal), extending credit to Applicant, such Applicant agrees to pay for all items delivered to or at the request of Applicant by Regal within thirty (30) days from date of Regal's invoice or such other terms shown on the invoice. All accounts are due and payable at the remittance address shown on the Regal invoice. Applicant agrees that each of the terms and conditions of sale stated on the Regal invoices shall be a term of the contract of each sale from Regal to Applicant. Applicant acknowledges that a monthly service charge at the maximum legal rate, but not to exceed 1 - 1/2% per month, (18% per annum), shall be made on all sums due to Regal which have not been paid within thirty (30) days from the invoice date, and applicant agrees to promptly pay said service charge. The service charge will be due and payable on the thirty-first (31) day after the original invoice date, and an additional service charge, computed on the same basis, will be due and payable every thirty (30) days thereafter. Waiver of any one or more service charges shall not be deemed to be a waiver of future charges. Applicant further agrees that with regard to such service charges, Applicant and Regal are parties to a written contract. If Regal commences litigation or employs attorneys in order to secure payment of any sums due to it from Applicant, that Applicant agrees to pay a reasonable attorney's fee in addition to all other sums due. Purchases on credit are permitted at discretion and that this credit availability may be terminated at Regal's sole discretion. THE UNDERSIGNED WARRANTS THAT THE ABOVE AGREEMENT HAS BEEN CAREFULLY READ AND THAT APPLICANT AUTHORIZES REGAL TO OBTAIN CREDIT AND FINANCIAL INFORMATION CONCERNING THE APPLICANT AT ANY TIME FROM ANY SOURCE.

EXECUTED AT: _____
(BUSINESS ADDRESS)

ON THIS _____ DAY OF _____ 20 _____

Validity, performance and all matters relating to the interpretation and effect of this document and any referenced attachment thereto shall be governed by the law of the State of Missouri; Unenforceability, invalidity or illegality of any provision of this document shall not render unenforceable, invalid or illegal any other provisions herein.

NAME OF APPLICANT (Business Name)

SIGNED BY (Please Print) TITLE

Signature: _____