



ASI 47700 PPAI 113430 SAGE 55209

ASI 93990 PPAI 114197 SAGE 57540

Credit Application for Promotional Products Distributors							
Customer # (if applicable):			Date of application:				
Terms: Prepay		Standard Credit Limit \$1,000 - Net 30 *		Over \$ 1,000 Net 30 Credit Limit			
Company Name:							
Name of Subsidiary/Division or DBA:							
Company Address:							
City:		State:		Zip Code:			
Phone Number:							
Stature of Business		Corporation	Partnership	Proprietorship	LLC		
ASI#		PPAI#		SAGE#	UPIC#		
Federal ID Number:							
Email address:							
AP Contact:			Invoices:	Faxed	Emailed		
Fax or email to receive invoices:							
Trade References are required for limits over a \$1000							
Name:			Name:				
Account Number:			Account Number:				
Email:			Email:				
Address:			Address:				
City:		State:	Zip:	City:		State:	Zip:
Name:			Name:				
Account Number:			Account Number:				
Email:			Email:				
Address:			Address:				
City:		State:	Zip:	City:		State:	Zip:

By checking this box and signing the below, I agree to the Terms and Conditions located at:

<http://www.crownprod.com/?p=userdocs> or <http://www.vitronicpromotional.com/?p=info&cat=3&id=1>

* Standard Credit limit of \$1,000 net 30 is based upon Experian reporting . Terms are not granted to Foreign Entities.

Print Name

Title

Signature

Please return this form with signature and the multi-jurisdiction sales tax form to either:

Fax Number: (888) 442-8788 or Newaccounts@imagenbrands.com

Questions regarding credit or completing this form should be directed to 877-844-5032

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: _____ **IMAGEN Brands LLC., EBSCO Industries Inc., dba Vitronic, dba Crown Products** _____

Address: _____ **4680 Parkway Drive Ste 200 Mason, OH 45040 and 3107 Halls Mill Rd. Mobile, AL 36606** _____

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged as a registered

- Wholesaler
- 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 ¹	_____	MO ¹⁶	_____
AR	_____	NE ¹⁷	_____
AZ ²	_____	NV	_____
CA ³	_____	NJ	_____
CO ⁴	_____	NM ^{4,18}	_____
CT ⁵	_____	NC ¹⁹	_____
DC ⁶	_____	ND	_____
FL ⁷	_____	OH ²⁰	_____
GA ⁸	_____	OK ²¹	_____
HI ^{4,9}	_____	PA ²²	_____
ID	_____	RI ²³	_____
IL ^{4,10}	_____	SC	_____
IA	_____	SD ²⁴	_____
KS	_____	TN	_____
KY ¹¹	_____	TX ²⁵	_____
ME ¹²	_____	UT	_____
MD ¹³	_____	VT	_____
MI ¹⁴	_____	WA ²⁶	_____
MN ¹⁵	_____	WI ²⁷	_____

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: _____