

If your business is Missouri sales tax exempt we must have your
MISSOURI SALES TAX EXEMPTION CERTIFICATE on file.

MISSOURI DEPARTMENT OF REVENUE BUSINESS TAXES BUREAU MULTI-JURISDICTION SALES TAX EXEMPTION CERTIFICATE		FORM 149 (REV. 4-88)	
ISSUED TO SOLI PRINTING	ADDRESS 3501 Broadway	CITY, STATE, ZIP CODE Kansas City, MO 64111	
NAME OF FIRM (BUYER)		ENGAGED AS A REGISTERED	
STREET ADDRESS OR P.O. BOX NUMBER		<input type="checkbox"/> WHOLESALER	
CITY, STATE, ZIP CODE		<input type="checkbox"/> RETAILER	
		<input type="checkbox"/> MANUFACTURER	
		<input type="checkbox"/> LESSOR <small>Other</small>	
The above named firm 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 to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing,			
PRODUCT OR SERVICES RENDERED			
STATE	STATE I.D. NUMBER	CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER
CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER	CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER
CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER	CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER
I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a State or Use Tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be 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.			
GENERAL DESCRIPTION OF PRODUCTS TO BE PURCHASED FROM THE SELLER		Printing, Copying, Prepress & Typesetting Services	
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

MO 860-1528 (4-88)

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APPLICATION for BUSINESS ACCOUNT

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PERSONAL GUARANTY AND INDEMNITY

(Read carefully before signing)

In order to induce Soli and Soli, Inc. a Missouri corporation d/b/a SOLI PRINTING, to permit _____ (called the "Customer" herein) to open a new SOLI PRINTING Business Account or continue an existing SOLI PRINTING business Account, which account SOLI PRINTING would not permit the Customer to either open or continue but for this Personal Guaranty and Indemnity, each of the undersigned jointly and severally, unconditionally and irrevocably; (i) guarantees the full and timely payment of all indebtedness (including all late charges) whatsoever now or hereafter owing by the Customer to SOLI PRINTING; and (ii) agrees to indemnify, keep indemnified and hold SOLI PRINTING harmless for all loss, liability, damage and expense (including reasonable attorneys' fees and costs of pursuing claims under this Personal Guaranty and Indemnity) arising from the Customer's or any of the undersigned; failure to fully and timely pay any such indebtedness owing by Customer to SOLI PRINTING.

SOLI PRINTING may exercise any right or remedy which it may have under this Personal Guaranty and Indemnity against each of the undersigned without regard to any act or omission of the Customer. This Personal Guaranty and Indemnity is absolute, unconditional, and continuing irrespective of: (i) any fact or circumstance which might otherwise constitute a legal or equitable discharge of a guarantor or indemnitor; (ii) any renewal, extension, or change in the amount of any such indebtedness or the terms under which such indebtedness is owed to SOLI PRINTING; or (iii) SOLI PRINTING hereafter not permitting the Customer to continue such account with SOLI PRINTING. It is agreed that each of the undersigned' obligations under this Personal Guaranty and Indemnity shall not be discharged except by the full and timely payment of all such indebtedness now or hereafter owing by the Customer to SOLI PRINTING. This Personal Guaranty and Indemnity is governed by Missouri law, and is binding upon each of the undersigned' heirs, personal representatives, successors and assigns.

In Witness Whereof, each of the undersigned has executed this Personal Guaranty and Indemnity as of the date written below.

Printed Name	Title	Signature	Date
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

• **DOWNTOWN/CROSSROADS**
 2006 Broadway
 Kansas City, MO
 64108

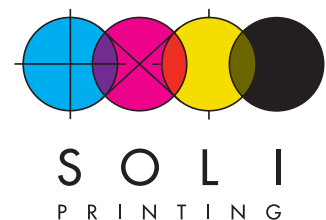
 T 816.474.8211
 F 816.474.0599

• **MIDTOWN/PLAZA**
 3501 Broadway
 Kansas City, MO
 64111

 T 816.753.1616
 F 816.753.8116

• **NORTHTOWN**
 2012 Swift
 N. Kansas City, MO
 64116

 T 816.842.7172
 F 816.471.3419



Our Payment Policy

- A SOLI PRINTING Business Account may be opened with the completion and approval of your SOLI PRINTING Business Account Application. We regret that orders cannot be billed to your SOLI PRINTING Business Account until your Application is processed and your account is approved, which requires approximately 10 working days.
- Each order from SOLI PRINTING is payable in advance or with deposit until when the order is completed, unless billed to your SOLI PRINTING Business Account. Payment may be made by cash; check (with proper identification and CrossCheck approval); or American Express, MasterCard, Visa or Discover (for purchases of \$25.00 or more).
- Your SOLI PRINTING Business Account balance is due and payable on the 10th day of each month following date of purchase. Please be aware that SOLI PRINTING is NOT extending credit by permitting orders to be billed to your SOLI PRINTING Business Account. A late charge of 1.5% per month (based on the unpaid balance of your SOLI PRINTING Business Account) will be added to your account if your account balance is not paid by the 10th day of each month.
- SOLI PRINTING may suspend or cancel the privilege of billing orders to your SOLI PRINTING Business Account if at any time the balance of your Account is not paid within 20 days after such balance becomes payable.
- SOLI PRINTING invites anyone who anticipates placing four or more orders a month, or monthly orders that exceed \$100, to open a SOLI PRINTING Business Account. With a SOLI PRINTING Business Account, you can enjoy the convenience of paying for each month's business with a single check.
- PressRun® checks are valid only when presented at time of order. PressRun checks may not be redeemed for cash or applied for payment on previous invoices or monthly statements in full or in part, and may not be used to pay state sales tax. PressRun checks do not expire.

PressRun® Not-for-Profit Designation

Please designate below a 501(c)(3) not-for-profit organization you wish to receive PressRun® benefits. Under the terms of the program, 2% of the total amount you spend at SOLI PRINTING will be donated in your name to your designated not-for-profit, to be used for free future SOLI PRINTING services and products. An additional 2% will be returned to you (in PressRun® checks) for free services and products.

501(c)(3) not-for-profit organization I wish to designate as recipient of PressRun® benefits: _____

FOR SOLI PRINTING USE ONLY

CREDIT REFERENCE NOTES:

DUN & BRADSTREET _____

ACCOUNT APPROVED: YES NO **DATE:** _____ **LIMIT:** _____

SOLI PRINTING BUSINESS ACCOUNT APPLICATION

(Must be filled out completely for account consideration)

For Office Use Only	
CSR _____	Store _____
Rec'd _____	Init. _____
Completed _____	Init. _____

PLEASE TYPE OR PRINT

Business Name _____ **Date** _____

Corporate Name _____

Type of Business _____ **Phone** _____ **Fax #:** _____

Business Street Address _____ **City** _____ **State** _____ **Zip** _____

Billing Address
 (if different from above) _____ **City** _____ **State** _____ **Zip** _____

Name and title of company principal responsible for Accts. Payable _____ **Title** _____ **Phone** _____

Legal Entity: Corporation Partnership Proprietorship Year Established _____ How long at Current Address _____

If less than 2 years,
 Previous Address _____ How long at Previous Address _____

PRINCIPALS: (If a corporation, list names of officers and titles, if other entity list names of partners or owners.)
(Application will not be processed if home addresses are omitted)

1) Name _____ Title _____ How long? _____
 Home Address _____ City/State/Zip _____

2) Name _____ Title _____ How long? _____
 Home Address _____ City/State/Zip _____

CREDIT REFERENCES:

1) Company Name _____ Contact _____ Phone _____
 Address _____ City/State/Zip _____ Fax #: _____
 Account #: _____

2) Company Name _____ Contact _____ Phone _____
 Address _____ City/State/Zip _____ Fax #: _____
 Account #: _____

3) Company Name _____ Contact _____ Phone _____
 Address _____ City/State/Zip _____ Fax #: _____
 Account #: _____

BANK REFERENCES:

1) Name _____ Acct. #: _____ Phone _____
 Address _____ City/State/Zip _____

2) Name _____ Acct. #: _____ Phone _____
 Address _____ City/State/Zip _____

In consideration of SOLI PRINTING permitting the undersigned "Customer" to open a SOLI PRINTING Business Account, the Customer hereby agrees (a) to pay the entire balance of such Customer's SOLI PRINTING Business Account balance by the 10th day of each month, (b) to pay SOLI PRINTING a late charge equal to 1.5% per month of such Customer's SOLI PRINTING Business Account balance if such balance is not so paid by the 10th day of each month, (c) to pay SOLI PRINTING all expenses (including reasonable attorney's fees) incurred in collecting the unpaid balance (including late charges) of such Customer's SOLI PRINTING Business Account, and (d) such Customer's SOLI PRINTING Business Account is subject to such terms and conditions as from time to time determined by SOLI PRINTING.

Sales Tax # _____ **State** _____

Fed. I.D. # _____ **(Firm Name-Please Print)** _____

Dun & Bradstreet Rating _____ **(Officer or Owner Name-Please Print)** _____

Anticipated maximum monthly account balance:

- \$100.00-\$250.00 \$1,000.00-\$2,500.00
- \$250.00-\$500.00 \$2,500.00-\$5,000.00
- \$500.00-\$1,000.00 \$5,000.00 or more

 Signature _____

 Title _____ Date _____