



New Customer Information

TYPE or PRINT in ink. Illegible or incomplete application will be returned. **Signed Original must be submitted prior to final approval of Credit or Check Acceptance.**

Company Name			D.B.A			Phone			Fax		
Billing Street Address					City			State		Zip Code	
Shipping Street Address					City			State		Zip Code	
This Company is A:		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation (under the law of the State of:					
EIN # / SSN #					Number of Years in Business:					Number of Employees:	
We have:		<input type="checkbox"/> RENTED or						<input type="checkbox"/> OWNED building since			
Describe the Principal Line of Business:											
1) Owner, Partner, Principal, or Officer in Responsible Party			Title			Social Security Number		Home Phone Number		Email Address	
Home Address				City				State		Zip Code	
2) Owner's Spouse, Partner or Other Officer			Title			Social Security Number		Home Phone Number		Email Address	
Home Address				City				State		Zip Code	

PAYMENT TERMS

INVOICE METHOD											
<input type="checkbox"/> Mail		<input type="checkbox"/> E-Mail (Please provide email add)				<input type="checkbox"/> Paypal Invoice (Please provide acct add)					
PAYMENT METHOD											
<input type="checkbox"/> Check		<input type="checkbox"/> Paypal			<input type="checkbox"/> TT – Wire Transfer				<input type="checkbox"/> ACH Payment (Please fill Authorization form)		
<input type="checkbox"/> Credit Card (Please CHECK one & fill credit card authorization form):			<input type="checkbox"/> Visa		<input type="checkbox"/> MasterCard		<input type="checkbox"/> American Express		<input type="checkbox"/> Discover		

TAX EXEMPTION CERTIFICATION

This is to certify that all merchandise or goods purchased from InkCube Corporation will be used for resale in its present form or as tangible personal property; or as personal property is for use in performing taxable services where such property become a part of the tangible personal property. I understand that this certificate may not be used to buy items or services which are not for resale purposes and that he/she will pay the use tax on tangible personal property or services purchased pursuant to this certificate and subsequently used or consumed in a taxable manner, and that any erroneous or false use of this certificate will subject him/her to payment of tax plus penalties and interest. **Please include a copy of the tax exemption certification.**

State Registration number or I.D Number / Resale Tax #				City or State				By (authorized signature):			
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AUTHORIZED SIGNATURE

The undersigned officer of the Applicant declares that to the best of his/her knowledge the information provided in this application are accurate representation of the applicant's business.

Authorized Individual (Print Name)		Signature			Title			Date	
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Address: 2303 SE 14th Street, Des Moines, IA 50320

Toll Free: 1-877-Ink-Cube

Phone: (515) 277-6088

Fax: (515) 274-9512

Web: www.inkcube.com