



# Customer Information Form

We ask that every new customer of Precision Litho Service, Inc. complete the following Customer Information Form. All information submitted is confidential and for our records only.

Today's Date \_\_\_\_\_ Who is your Precision Litho Service sales consultant? \_\_\_\_\_

Your Name \_\_\_\_\_  
First Last Middle Title at Company

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address (Leave blank if same as above)

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Year Established \_\_\_\_\_

Corporation  Partnership  LLC  Sole Proprietorship

FEIN Number \_\_\_\_\_ - \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Sales Tax Exemption # If Applicable \_\_\_\_\_

(Please fax a copy of your current DR-13 Resale Certificate made out to us and signed and dated (Our fax # 727-573-2662). If we do not have a copy on file you will be taxed.)

Owners and/or Officers

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Your Preferred Method of Payment: Cash  Check  Credit Card

If credit card, please specify: VISA  MasterCard  AMEX  DISCOVER



We feel that purchase orders define the scope and nature of the work and represent a written binding contract between our clients and ourselves.

Do you use Purchase Orders? Yes  No

Names of those authorized to purchase from Precision Litho Service, Inc.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Printing industry standard for over-runs and under-runs is 5%.

Will you accept under-runs? Yes  No  What %? \_\_\_\_\_

Will you accept over-runs? Yes  No  What %? \_\_\_\_\_

If we bill author's alterations, or over-runs, will we need a revised and/or additional purchase order? Yes  No

Contact to Request Revised Purchase Order:

Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Accounts Payable Contact:

Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Do you require special cartons, packaging, or shipping needs that we should be aware of? If yes, specify.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Terms of Business between Precision Litho Service, Inc. and Customer**

First time customers agree to pay for printing on C.O.D. terms. Taxes are not included in quoted prices, and will be added on at the time of final invoice. Claims for defect, shortage or damages must be made no later than 10 calendar days from delivery date. If no claim is made, the job is considered accepted, and the customer acknowledges that the printers' performance has satisfied all terms, conditions and specifications. If payment is not made within terms, the printer reserves the right to initiate standard collection procedures. Should no payment be made, the customer shall be liable for all collection costs incurred.

No sales tax exemption shall be granted without a signed current Exemption Certificate on file at the time the order is placed. The business named on the certificate must be the business billed. Taxes not paid to the printer, when no certificate has been submitted, shall remain the responsibility of the customer.

I have read the terms and conditions above and confirm that I am a representative of the above specified company, and agree to pay within terms.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_