

# Holly Tag Label, Inc.

PO Box 905 • 1523 Charles Raper Jonas Hwy.  
Mt. Holly, North Carolina 28120  
Phone: 704-827-5060 Fax: 704-827-1975

## CUSTOMER INFORMATION PROFILE

**Customer Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Main Phone #:** \_\_\_\_\_ **Main Fax#:** \_\_\_\_\_ **Web Site:** \_\_\_\_\_

**Business Structure:**  Proprietorship  Partnership  Corporation Fed. ID# \_\_\_\_\_

**Sales Tax-exempt?** Yes \_\_\_\_\_ No \_\_\_\_\_ Complete attached Sales Tax Form E-595E (If marked No, we will charge NC Sales Tax when shipments are made within North Carolina.)

### Contact Person:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### A/P Contact Person:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*\*Invoices will be e-mailed\*\*\***

### Ship to Address:

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

Address: \_\_\_\_\_

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

### Terms and Condition:

As stated on individual invoice. If the invoice reflects that a discount is available, the payment must be received by the discount date.

A charge of 2% per month (24% per annum) is charged on all accounts 15 days or more past due.

I agree to comply with the above terms, and certify that all information furnished is accurate.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

# Holly Tag & Label, Inc.

1523 Charles Raper Jonas Hwy.  
P.O. Box 905  
Mount Holly, NC 28120  
Phone: (704)827-5060 Fax: (704) 827-1975 email: [susan@hollytagandlabel.com](mailto:susan@hollytagandlabel.com)

## Application for Commercial Credit

Please return fully completed and signed application to Holly Tag & Label, Inc.

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### Legal Name & Billing Address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ email: \_\_\_\_\_

Accounts Payable contact: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Legal Ownership:  Proprietorship  Partnership  Corp.

### Ship to Name & Address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Buyer's Name: \_\_\_\_\_

Date Established: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

P.O. Required:  Yes  No

Is your company tax-exempt from sales tax on purchases from Holly Tag & Label, Inc.?  Yes  No.

Please submit correct state sales tax forms.

Is your company currently under bankruptcy law protection?  Yes  No.

Do you have any liens, judgments or suits pending against your company?  Yes  No

### Trade References:

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Bank Reference:** Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 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 Multistate 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 <i>state of issue                      number</i>	Foreign diplomat number _____
Name of seller from whom you are purchasing, leasing, or renting _____			
Seller's address _____	City _____	State _____	Zip code _____

**4 Type of business.** Check the number that describes your business.

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

**5 Reason for exemption.** Check the letter that identifies the reason for the exemption.

- |   |  |
|---|--|
| <input type="checkbox"/> A Federal government (department) _____<br><input type="checkbox"/> B State government (name) _____<br><input type="checkbox"/> C Tribal government (name) _____<br><input type="checkbox"/> D Foreign diplomat # _____<br><br><input type="checkbox"/> G Resale # _____ | <input type="checkbox"/> H Agricultural production # _____<br><input type="checkbox"/> I Industrial production/manufacturing # _____<br><input type="checkbox"/> J Direct pay permit # _____<br><input type="checkbox"/> K Direct mail # _____<br><input type="checkbox"/> L Other (explain) _____ |
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**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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