



Name of Company Or Individual: \_\_\_\_\_

Individual  Government  Partnership  Private  Corporation  State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

FULL NAMES OF OFFICERS, OWNERS, PARTNERS, or INDIVIDUAL:

POSITION / TITLE:

1. \_\_\_\_\_  
2. \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

Phone # \_\_\_\_\_

Pay by: VISA  M/C  AMEX

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Credit Card Billing:

Ship To Instructions : P.O.#: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

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

BLANKET SALES TAX RESALE (EXEMPTION) CERTIFICATE

Purchaser hereby certifies that:

- 1.) Purchaser holds valid registration permit number: \_\_\_\_\_ Issued under the State Tax Law of the State of: \_\_\_\_\_
2.) The tangible property purchased by the undersigned, unless otherwise specified in the purchase order therefore is:
P5 For resale reported on Sales Tax Filings as sales of tangible personal property.
P5 Exempt because we are a Tax Exempt Institution, (Attach copy of Tax Exemption Letter).
P5 Exempt for other reasons. Please Explain: \_\_\_\_\_
P5 Fully taxable on all items purchased.
3.) The undersigned further certifies that he/she assumes liability for the payment of tax if he/she uses or consumes the property purchased in such a manner as to render the sale subject to tax.

Signature box with fields for Date, Authorized Signature, By, Type or Print Name and Title, Title.

INCOMPLETE INFORMATION COULD RESULT IN DELAY IN PROCESSING THE ACCOUNT

Network Synthesis, Inc. ("NS") is authorized to obtain any information you may require regarding the statements made above. This application remains the property of NS. All statements made on this application are made for the purpose of processing my credit card and establishing my account with NS. I understand that, in considering this application you will rely upon statements contained herein. I have reviewed the information contained in this application, and I affirm that the foregoing statements are accurate and complete, and are made to induce NS to process my credit card order. I warrant that no information has been concealed or withheld which may be material for proper consideration by you of this application. Applicant's signature attests financial responsibility and willingness to pay NS invoices according to NS Standard Terms and Conditions of Purchase should the credit card company not pay for any reason whatsoever. Invoices are due and payable net thirty (30) days from invoice date unless otherwise agreed to in writing. Any outstanding balance unpaid on the date when due to NS shall be subject to a finance charge of 1 1/2% per month (or maximum allowed by law) of such balance until paid, together with NS costs of collection including attorney's fees related to the collection of such debt.

FIRM or INDIVIDUAL NAME (please print legibly): \_\_\_\_\_ SIGNATURE OF AUTHORIZED CREDIT CARD USER: \_\_\_\_\_ DATE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_