# MID-SOUTH COLOR LABS,INC.

496 Emmett St. Jackson, TN 38301

## **Business Forms Package**

Thank you for your interest in Mid-South Color Labs, Inc. We are pleased to provide many of the business forms necessary to setup or maintain your account in convenient pdf format. We've put explanations below of everything contained. However, if you need assistance, please feel free to call us with any questions.

### **New Account Setup Form**

– If you did not complete this form on our web site, please complete it now and return with your first order or by fax. It will help us in setting up your account and in determining what supplies to send you later.

### **Credit Application**

– The credit application is necessary if you would like to open a 30 day account and receive a statement at the end of each month. Simply follow the instructions on the application and provide as much information as possible. All information will be held in the strictest confidence. When the application is complete, you may either send it in with your first order or fax it to us. In the meantime, we will be glad to send your orders COD or by credit card payments.

### **Credit Card Authorization**

– This form is used if you would like to pay each order by credit card when shipped. It may also be sent with your first order or faxed.

### **Customer Preference Profile**

- The customer preference profile is our key to providing you with portraits matched to your specifications. It gives us specific instructions for everything from retouching to finishing. We will use this information in the absence of specific instructions with an order. Again, please give us as much information as possible and remember to fill out both pages of the form. Return this form with your credit application or credit card authorization form.

### **Blanket Certificate of Resale**

– This form is for businesses in the state of Tennessee only. It is a tax exemption form and must be completed before we can identify your account as being tax exempt. Enter *Mid-South Color Labs, Inc.* in the vendor section, then provide us with your company name and address, the person who completed the form, sales tax number, and completion date. You may return this form with your credit application or credit card authorization form.

# MID-SOUTH COLOR LABS, INC. NEW ACCOUNT SETUP SHEET

Please provide us with the following information to help us determine how we can best serve you. Thanks for your interest in Mid-South Color Labs.

Name:
Business Name:
Address:
City:
E-mail Address (required):
Telephone:
Nature of Business: Portrait %, or Wedding %,
or School/Prom %, or Commercial %
Business Ownership: Sole Proprietor, or
Corporation, or Partnership
State Sales Tax No:
Percentage Income from Photography: %
No. Years in Business:
No. Employees (including self):
Camera Formats Used:
Do You Use PhotoShop:
Est. Annual Lab Volume \$:
Preferred method of payment (circle one):
Open Acct (with approved credit application)
Credit Card (see authorization form, all four major credit cards accepted)
COD (will incur extra \$10 cod charge per package)
Name of Current Lab:
If you have had problems with a previous lab, list occurrences beginning with most important:
How Did You Hear of Mid-South:
Mid-South Services of Interest and Comments:

Thank you!!

# MID-SOUTH COLOR LABS, INC. CREDIT APPLICATION

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NAM	NAME OF FIRM OR INDIVIDUAL				MONTH/DAY/YEAR			
ADD	RESS (Please indicate if this is a	☐ residential or	□business	address.	his is for our	shipping re	eference).	
CITY	' STAT	E	ZIP	AREA	CODE	PHON	NE#	
HERI	EBY applies for credit in accordance v	with the terms and c	onditions of M	FAX N Iid-South Col		as described	below.	
OWNERS					, ,			
□ соғ	The following informater The Following Informater The Incident Inc	tion must be provi NCORPORATED IN	ded. It will b I THE PAST 1	e held in the 2 MONTHS	e <i>strictest</i> cor □PARTNERS	nfidence. SHIP □IND	IVIDUAL	
NAM	IE(S) OF PRINCIPAL(S)	COMPLETE A	DDRESS	ZIP	ARI	EA CODE	PHONE#	
FINANCE:	· · · · · · · · · · · · · · · · · · ·							
BAN	K	BANK	ADDRESS					
BAN	K OFFICER OR DEPARTMENT					PHON	JE	
1.	EFERENCES: BUSINESS NAME					\$ HI	GH CREDIT	
<b>4.</b> Other	color labs and photographic industry supp					II cause delay	in the approval	
Terms & Condi the end of each basis. Accounts The undersigned	tions: Open accounts are extended to cremonth which is payable by the 10 <sup>th</sup> of the 30 days past due will be charged a mont d in consideration of the extension of cred the undersigned to Mid-South Color Labs	month following billing hly late charge of 1 ½ it hereby agrees to page.	<ul> <li>If payment is % per month (18</li> <li>y all costs of col</li> </ul>	not made by th 3% Annual Per llecting, or sec	ne 30 <sup>th</sup> , the acco centage Rate) o uring or attempti	unt is subject n the unpaid b ng to collect o	to be put on a CO palance. r secure any	
This application	will be governed by the laws of the State ancial information from my/our bank(s), other						authorized to obta	
We certify that a extended credit.	all the information on this form is correct. V	Ve fully understand yo	our credit terms	and agree to th	ne proper payme	nt in the cons	ideration of	
	S	ignature			]	Date		
VERIFICAT		SE DO NOT WRI	TE IN SPAC	E BELOW.				
REF	ERENCES CHECKED BY				□ CR	EDIT APP	ROVED BY	
REF	ERENCE RESULTS				□ CR	EDIT REF	USED BY	
					MC	NTH/DAY	YEAR	

# MID-SOUTH COLOR LABS, INC. 496 Emmett Street

496 Emmett Street
Jackson, TN 38301
731.422.6691 • 800.221.3920
Fax 731.424.1902 • www.midsouthcolor.com

### CREDIT CARD PAYMENT AUTHORIZATION FORM

Form must be completely filled out. Please print legibly.

Today's Date:		Daytime Phone I	Number:		
As a signer of the card list	ed below, I au	thorize Mid-South C	Color Labs, Inc.	to charge this card for	all charges to my account.
Card type (circle one): Debit cardor Cred			Amex	Discover	
Company Name:					
Attention:					
Card#					
Expiration Date:					
Security Code:					
Name on Card:					
Billing Address:					
Cardholder's or Authorized	d Person's Sig	nature:			

# **Customer Preference Profile**

In order to serve you better, please check your preferences. Write in any special instructions.

### **Digital Retouching**

Senior retouching uses specialized retouching software to remove blemishes and soften under eyes. Basic retouching includes blemish removal, line softening and teeth whitening. Enhanced retouching adds eye enhancement, and more detailed softening of facial lines.

☐ Senior Retouching ☐ Basic Retouching ☐ Enhanced Retouching  List any special retouching requests:				
Printing Inst	ructions			
	☐ Warm (yellow-red	.) 🔲 ]	Lab Standard	☐ Cool (blue-green)
Density:			Lab Standard	☐ Darker
	1 Printing requests:			
Gold Stampir	ıg			
	rints gold stamped?	☐ Yes	□ No	
	zes get stamped?			
	print do you prefer?			
Can the stamp	be placed on body?	☐ Yes	☐ No	☐ Use Judgement
Hand Signing	<b>S</b>			
Do you want la	arge prints hand signe	ed?	Yes □ N	o
If Yes, what size	zes get signed?		All 🖵 L	arge (over 16x20)
Other:				
Canvas Mour	nting			
Do you prefer:	☐ Standard V	Weave	☐ Fine Wea	ave
Spray	4. D.W.			D.W.
Surface: $\square$ Sr	mooth $\square$ Texture	Finish:	Lustre 🖵 G	loss
<b>Die Cut Wall</b> e  ☐ Yes	ets □ No			
<b>Billing</b> □ Open Accou	nt	d 🗖 (	Cash 🖵 C	OD
<u>Shipping</u>				
FedEx: 🖵 Gro	ound Exp. Saver Mail Pic	•	ir 🗖 Next Day	Air Priority Next Day Air



#### **BLANKET CERTIFICATE OF RESALE**



TO:	
Vendor	
The undersigned hereby certifies that the merchan	ndise purchased on each order we shall give, and until this notice is revoked by us in writing,
purchased for	
( ) Resale as tangible personal property, or resale of a serv	ice subject to tax.
( ) A component part of an article to be produced for sale by	manufacturing, assembling, processing, or refining.
( ) Rental or leasing of tangible personal property.	
( ) Use in accordance with the provisions of Rule No. 68. (a	A copy of the letter must be given to the vendor.)
( )	
(Indicate the purpose for which the property is bought when n	o Sales or Use Tax is to be collected.)
	Name of Business
Sales Tax Registration Number	Name of Dealer
of Purchaser	By:
Date	Address

#### WARNING

This Certificate must be completed and signed before it is valid.

The vendor must know, within the use of ordinary care, that the merchandise obtained upon this certificate of resale is that normally sold by the vendee in his usual course of business. Vendors failing to exercise such care will be held liable for the Sales Tax due upon such purchases. Any merchandise obtained upon this resale certificate is subject to the Sales and Use Tax if it is used or consumed by the vendee in any manner, and must be reported and the tax paid thereon direct to the Department of Revenue.

SECTION 67-3041 OF THE "TENNESSEE CODE ANNOTATED" MAKES IT A MISDEMEANOR TO MISUSE A CERTIFICATE OF REGISTRATION WITHOUT PAYING THE SALES AND USE TAXES, AND SUBJECTS THE CERTIFICATE TO REVOCATION.

RV-F1300701 INTERNET (10-00)