

# 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.

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

**E-mail Address (required):** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**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**

**BY:**

NAME OF FIRM OR INDIVIDUAL \_\_\_\_\_ MONTH/DAY/YEAR \_\_\_\_\_

ADDRESS (Please indicate if this is a  residential or  business address. This is for our shipping reference).

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ AREA CODE \_\_\_\_\_ PHONE# \_\_\_\_\_

FAX NO. \_\_\_\_\_

HEREBY applies for credit in accordance with the terms and conditions of Mid-South Color Labs, Inc., as described below.

**OWNERSHIP:**

The following information must be provided. It will be held in the *strictest* confidence.

CORPORATION  CHECK HERE IF INCORPORATED IN THE PAST 12 MONTHS  PARTNERSHIP  INDIVIDUAL

NAME(S) OF PRINCIPAL(S) \_\_\_\_\_ COMPLETE ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ AREA CODE \_\_\_\_\_ PHONE# \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINANCE:**

BANK \_\_\_\_\_ BANK ADDRESS \_\_\_\_\_

BANK OFFICER OR DEPARTMENT \_\_\_\_\_ PHONE \_\_\_\_\_

**TRADE REFERENCES:**

BUSINESS NAME \_\_\_\_\_ COMPLETE ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ \$ HIGH CREDIT \_\_\_\_\_

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

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

3. \_\_\_\_\_

4. \_\_\_\_\_

Other color labs and photographic industry suppliers are your best references. Incomplete names and addresses will cause delay in the approval of your account.

**Terms & Conditions:** Open accounts are extended to credit worthy, prompt paying customers. Each shipment is invoiced separately. A statement is sent at the end of each month which is payable by the 10<sup>th</sup> of the month following billing. If payment is not made by the 30<sup>th</sup>, the account is subject to be put on a COD basis. Accounts 30 days past due will be charged a monthly late charge of 1 1/2% per month (18% Annual Percentage Rate) on the unpaid balance.

The undersigned in consideration of the extension of credit hereby agrees to pay all costs of collecting, or securing or attempting to collect or secure any indebtedness of the undersigned to Mid-South Color Labs, Inc. including a reasonable Attorney's fee, whether the same be collected or secured by suit or otherwise.

This application will be governed by the laws of the State of Tennessee. In support of this application, Mid-South Color Labs, Inc. is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with whom I/we have done business.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in the consideration of extended credit.

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

**PLEASE DO NOT WRITE IN SPACE BELOW.**

**VERIFICATION:**

REFERENCES CHECKED BY \_\_\_\_\_  CREDIT APPROVED BY \_\_\_\_\_

REFERENCE RESULTS \_\_\_\_\_  CREDIT REFUSED BY \_\_\_\_\_

MONTH/DAY/YEAR \_\_\_\_\_

RETURN TO: Mid-South Color Labs, Inc., P. O. Box 2008, Jackson, TN 38301-2008 FAX: 731/424-190

**MID-SOUTH COLOR LABS, INC.**

496 Emmett Street  
Jackson, TN 38301

731.422.6691 • 800.221.3920

Fax 731.424.1902 • [www.midsouthcolor.com](http://www.midsouthcolor.com)

**CREDIT CARD PAYMENT AUTHORIZATION FORM**

*Form must be completely filled out. Please print legibly.*

Today's Date: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

As a signer of the card listed below, I authorize Mid-South Color Labs, Inc. to charge this card for all charges to my account.

Card type (circle one):      Visa            Mastercard            Amex            Discover  
Debit card \_\_\_\_\_ or Credit card \_\_\_\_\_

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

Attention: \_\_\_\_\_

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

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

Security Code: \_\_\_\_\_

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

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

\_\_\_\_\_

Cardholder's or Authorized Person's Signature:

\_\_\_\_\_

# 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 Instructions

**Color:**       Warm (yellow-red)       Lab Standard       Cool (blue-green)

**Density:**       Lighter       Lab Standard       Darker

List any special Printing requests: \_\_\_\_\_

## Gold Stamping

Do you want prints gold stamped?       Yes       No

If Yes, what sizes get stamped?       All       Specify \_\_\_\_\_

Which side of print do you prefer?       Left       Right

Can the stamp be placed on body?       Yes       No       Use Judgement

Other: \_\_\_\_\_

## Hand Signing

Do you want large prints hand signed?       Yes       No

If Yes, what sizes get signed?       All       Large (over 16x20)

Other: \_\_\_\_\_

## Canvas Mounting

Do you prefer:       Standard Weave       Fine Weave

## Spray

**Surface:**       Smooth       Texture      **Finish:**       Lustre       Gloss       Matte

## Die Cut Wallets

Yes       No

## Billing

Open Account       Credit Card       Cash       COD

## Shipping

**FedEx:**       Ground       Exp. Saver       2 Day Air       Next Day Air       Priority Next Day Air

**Other:**       US Mail       Pick-up



496 Emmett ST - Jackson, TN - 38301

(731)-422-6691 or 1-800-221-3920

[www.midsouthcolor.com](http://www.midsouthcolor.com)



# BLANKET CERTIFICATE OF RESALE

TO: \_\_\_\_\_

\_\_\_\_\_  
*Vendor*

The undersigned hereby certifies that the merchandise purchased on each order we shall give, and until this notice is revoked by us in writing, is purchased for

- Resale as tangible personal property, or resale of a service 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 copy of the letter must be given to the vendor.)
- 

(Indicate the purpose for which the property is bought when no Sales or Use Tax is to be collected.)

Sales Tax Registration Number \_\_\_\_\_  
 of Purchaser \_\_\_\_\_  
 Date \_\_\_\_\_

Name of Business \_\_\_\_\_  
 Name of Dealer \_\_\_\_\_  
 By: \_\_\_\_\_  
 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.