



MESA ACCOUNT APPLICATION: NET30

NET30 ACCOUNTS ARE AVAILABLE ONLY FOR
COMPANIES PHYSICALLY LOCATED IN SAN DIEGO COUNTY

5560 Ruffin Road Suite 2 - San Diego CA 92123 TEL (858) 541-1500

admin@mesaregraphics.com San Diego Printing Group Inc.

| | | | | |
|---|---|--|---|-----------------------------|
| COMPANY INFO | COMPANY NAME (DBA) | DATE | | |
| | CORPORATE NAME | | | |
| | BILLING ADDRESS | | | |
| | CITY | STATE | ZIP | |
| | PHONE | FAX | | |
| | CONTACT NAME | EMAIL | | |
| | DATE ESTABLISHED | AT PRESENT LOCATION SINCE | | |
| DELIVERY | LOCAL ADDRESS (if different from billing) | | | |
| | CITY | STATE | ZIP | |
| | PHONE | FAX | | |
| | CONTACT NAME | EMAIL | | |
| ACCOUNT INFO | AP CONTACT NAME: | AP PHONE: | | |
| | AP EMAIL | | | |
| | ACCOUNT TYPE: | NET30/Check Payment: Customer mails checks based on statement's balance due | | |
| | ACCOUNT LIMIT | Requested Account Dollar Limit: | \$ | |
| | INVOICES/PO# | Does your company require purchase orders on invoices? We always include a project name, the PO field is additional. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | AUTHORIZATION | Is anyone outside your company authorized to bill your account? List names: | | |
| | NCB Reprographics | Would you like an account at NCB too? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| NCB: 2382 Camino Vida Roble, #F - Carlsbad 92011 TEL 760-931-0504 admin@ncbrepro.com | | | | |
| Please note MESA and NCB function independently - different billing, prices, services, eOrder, etc. | | | | |
| OWNERS/PRINCIPALS | COMPANY TYPE | <input type="checkbox"/> Individual Owner <input type="checkbox"/> Ltd Partnership <input type="checkbox"/> Gen Partnership <input type="checkbox"/> Corporation | | |
| | If Incorporated Date | State | | |
| | DESCRIBE YOUR BUSINESS OPERATION | | | |
| | OWNER: NAME & TITLE | | | |
| | OWNER: NAME & TITLE | | | |
| Have any principals ever had a business failure or filed bankruptcy? | | <input type="checkbox"/> No | <input type="checkbox"/> Yes (please explain) | |



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| | | | | |
|--|---|--|---------------------------------|-------------------------------------|
| OTHER | STATE SALES TAX/RESALE # | | | (TAX EXEMPT ONLY) |
| | If your account is tax-exempt, please include a completed CDTFA resale certificate. | | | |
| REFERENCE CHECK | BUILDING | IS YOUR BUSINESS LOCATION OWNED OR LEASED? | <input type="checkbox"/> LEASED | <input type="checkbox"/> OWNED |
| | IF LEASED, LANDLORD NAME | | LANDLORD PHONE | |
| BUSINESS REFERENCES: If your company's credit history is not available to us via credit.net, we will call or email credit reference requests to three companies who've extended you credit in the past. Their response may be expedited if you ask them to respond upon receipt of our request. | | | | |
| BUSINESS NAME | | CONTACT NAME | EMAIL | PHONE |
| 1.) | | | | |
| 2.) | | | | |
| 3.) | | | | |
| How did you find MESA? | | <input type="checkbox"/> Internet <input type="checkbox"/> Referral (from _____) | | <input type="checkbox"/> Driving By |
| PLEASE NOTE: We only offer NET30 accounts for companies headquartered in the San Diego area. If you are outside San Diego and would like special consideration, please email us at admin@mesareprographics.com. | | | | |
| The above information is submitted for the purpose of obtaining credit. The undersigned authorizes you to make such inquiries as are necessary to obtain credit information and authorizes my bank and/or suppliers to release information regarding my accounts. | | | | |
| In consideration for the extension of credit, I/we agree to pay a late charge of 1 1/2% per month, a true annual rate of 18% per annum on any amount past due thirty (30) days and to pay all reasonable attorney's fees and costs, if it becomes necessary to file suit to enforce collection. | | | | |
| SIGNATURE | | PRINT NAME | TITLE | DATE |
| SIGNATURE | | PRINT NAME | TITLE | DATE |
| For MESA's Use Only (please leave blank) | | | | |
| DATE: | CREDIT LIMIT: | | ACCOUNT # | |

Request for Taxpayer**Identification Number and Certification**Go to www.irs.gov/FormW9 for instructions and the latest information.Give form to the
requester. Do not
send to the IRS.**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| Print or type. See Specific Instructions on page 3. | 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) | | | | | | |
| | SAN DIEGO PRINTING GROUP, INC | | | | | | |
| | 2 Business name/disregarded entity name, if different from above. | | | | | | |
| | MESA REPROGRAPHICS | | | | | | |
| | 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. | | | | | | |
| | <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate | | | | | | |
| | <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) | | | | | | |
| | Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. | | | | | | |
| <input type="checkbox"/> Other (see instructions) | | | | | | | |
| 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions | <input type="checkbox"/> | | | | | | |
| 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | | | | | | |
| Exempt payee code (if any) | | | | | | | |
| Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) | | | | | | | |
| <i>(Applies to accounts maintained outside the United States.)</i> | | | | | | | |
| 5 Address (number, street, and apt. or suite no.). See instructions. | Requester's name and address (optional) | | | | | | |
| 5560 RUFFIN ROAD, STE 2 | | | | | | | |
| 6 City, state, and ZIP code | | | | | | | |
| SAN DIEGO, CA 92123 | | | | | | | |
| 7 List account number(s) here (optional) | | | | | | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | |
|---------------------------------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|
| Social security number | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> |
| or | | | | | | | | |
| Employer identification number | | | | | | | | |
| 4 | 6 | - | 3 | 9 | 6 | 0 | 1 | 2 |
| 4 | 6 | - | 3 | 9 | 6 | 0 | 1 | 2 |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | | |
|------------------|--------------------------|------|------------|
| Sign Here | Signature of U.S. person | Date | 01/01/2026 |
|------------------|--------------------------|------|------------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they