

MESA ACCOUNT APPLICATION: NET30

5560 RUFFIN RD, SAN DIEGO, CA 92123 TEL (858) 541-1500 FAX (858) 278-0558 ADMIN@MESAREPROGRAPHICS.COM San Diego Printing Group Inc.

COMPANY INFO	COMPANY NAME (DB	A)		[DATE
	CORPORATE NAME				
	BILLING ADDRESS				
	CITY		STATE	ZIP	
	PHONE		FAX		
	CONTACT NAME		EMAIL		
	DATE ESTABLISHED		AT PRESENT LO	CATION SINCE	
	LOCAL ADDRESS				(if different from billing)
/ERY	CITY		STATE	ZIP	
DELIVERY	PHONE		FAX		
	CONTACT NAME		EMAIL		
	AP CONTACT NAME:		AP PHONE:		
	AP EMAIL				
	ACCOUNT TYPE:	NET30/Check Payment: Customer ma	ils checks based	on statement's ba	lance due
OF/O	ACCOUNT LIMIT	Requested Account Dollar Limit:		\$	
FN	INVOICES	Does your company require purchase ord	ders for invoices?	YES	□ NO
ACCOUNT INFO	AUTHORIZATION	Is anyone outside your company autho	rized to bill your a	account? List nam	es:
	NCB REPROGRAPHICS	Would you like an account at NCB Rep NCB: 2382 Camino Vida Roble, Ste F - Ca Please note MESA and NCB function indepo	arlsbad, CA 92011		
	COMPANY TYPE [Individual Owner Ltd Partners	•		Corporation
PALS	If Incorporated	 Date	State	_	
	DESCRIBE YOUR BUSIN	IES OPERATION			
SINIC	OWNER: NAME & TITLE	=		HOME PHONE	
OWNERS/PRINICPALS	HOME ADDRESS				
	OWNER: NAME & TITLE	<u> </u>		HOME PHONE	
	HOME ADDRESS				
	Have any principals ever	r had a business failure or filed bankrupt	cy? \square No		Yes (please explain)



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ОТНЕК	STATE SALES TAX/R	ESALE #	(TAX EXEMPT ONLY)					
	If your account is tax-exempt, please include a completed CDTFA resale certificate.							
	BUILDING	IS YOUR BUSINESS LOCATION OWNED OR LEASED?	LEASED OWNED					
		IF LEASED, LANDLORD NAME	LANDLORD PHONE					
O	BANK INFO	BANK NAME	BANK PHONE					
		ADDRESS						
		ACCOUNT CHECKING SAVINGS	OFFICER					
HECK	BUSINESS REFERENCES: If your company's credit history is not available to us via credit.net, we will fax/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.							
REFERENCE CHECK	BUSINESS NAME	CONTACT NAME	FAX OR EMAIL					
	1.)							
REF	2.)							
	3.)							
How did you find MESA?								
PLEASE NOTE: We only offer NET30 accounts for companies headquartered in the San Diego area. If you are outside of San Diego and would like special consideration, please email us at admin@mesareprographics.com.								
	Diego an							
are In	above information is sunecessary to obtain cre	ubmitted for the purpose of obtaining credit. The under edit information and authorizes my bank and/or suppliers extension of credit, I/we agree to pay a late charge of 1 1 st due thirty (30) days and to pay all reasonable attorney suit to enforce collection.	s to release information regarding my accounts. /2% per month, a true annual rate of 18% per					
are In	above information is sunecessary to obtain cre	ubmitted for the purpose of obtaining credit. The under edit information and authorizes my bank and/or suppliers extension of credit, I/we agree to pay a late charge of 1 1 st due thirty (30) days and to pay all reasonable attorney	s to release information regarding my accounts. /2% per month, a true annual rate of 18% per s fees and costs, if it becomes necessary to file					
are In ann	above information is sunecessary to obtain creconsideration for the enum on any amount pass	ubmitted for the purpose of obtaining credit. The under edit information and authorizes my bank and/or suppliers extension of credit, I/we agree to pay a late charge of 1 1 st due thirty (30) days and to pay all reasonable attorney suit to enforce collection. PRINT NAME TITL PRINT NAME TITL	s to release information regarding my accounts. /2% per month, a true annual rate of 18% per sees and costs, if it becomes necessary to file DATE					
are In ann	above information is somecessary to obtain creconsideration for the enum on any amount passing SIGNATURE SIGNATURE MESAs Use Only (plean)	pubmitted for the purpose of obtaining credit. The under edit information and authorizes my bank and/or suppliers extension of credit, I/we agree to pay a late charge of 1 1 st due thirty (30) days and to pay all reasonable attorney suit to enforce collection. PRINT NAME TITL PRINT NAME TITL Ise leave blank)	s to release information regarding my accounts. /2% per month, a true annual rate of 18% per sees and costs, if it becomes necessary to file DATE					

(Rev. October 2018) Department of the Treasury Internal Revenue Service

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.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.										
Print or type. Specific Instructions on page 3.	SAN DIEGO PRINTING GROUP INC										
	2 Business name/disregarded entity name, if different from above										
	MESA REPROGRAPHICS										
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.				cert	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
	☐ Individual/sole proprietor or ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ single-member LLC			☐ Trust/estate		Exempt payee code (if any)					
ype	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶				_						
Print or type. c Instruction	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that				s ood	Exemption from FATCA reporting code (if any)					
- jį	is disregarded from the owner should check the appropriate box for the tax classification of its owner.				(Appl	(Applies to accounts maintained outside the U.S.)					
bec	Other (see instructions) 5 Address (number, street, and apt. or suite no.) See instructions.		Requester	's nam		and address (optional)					
See S											
	5560 RUFFIN ROAD, STE 2 6 City, state, and ZIP code										
	SAN DIEGO, CA 92123										
	7 List account number(s) here (optional)				-,					***	
Pa	Taxpayer Identification Number (TIN)									•	
	your TIN in the appropriate box. The TIN provided must match the nar	ne given on line 1 to av	oid S	ocial	security	numt	er				
backup withholding. For individuals, this is generally your social security number (SSN). However, for											
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 <i>How to get a</i>					'	-		-			
TIN, later.											
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and					yer iden	er identification number					
Number To Give the Requester for guidelines on whose number to enter.			4	6	- a	9	6 0	1	2	4	
Par	Certification		<u> </u>						***********		
	r 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											
	e FATCA code(s) entered on this form (if any) indicating that I am exem										
you h	ication instructions. You must cross out item 2 above if you have been nave failed to report all interest and dividends on your tax return. For real essition or abandonment of secured property, cancellation of debt, contribut than interest and dividends, you are not required to sign the certification.	state transactions, item 2 ions to an individual retir	2 does not a rement arra	apply. ngem	For mo ent (IRA	ortgag N), and	e intere I gener	est pa ally, p	id, ayme	nts	
Sigr Her		_	Date ▶	le	16	12	1				
Ge	neral Instructions	• Form 1099-DIV (di funds)	ividends, ir	ncludi	ng thos	r se fron	n stoc	ks or	mutu	al	
Secti	on references are to the Internal Revenue Code unless otherwise	Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)									

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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident

alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.