

FASSON ROLL NORTH AMERICA – NEW ACCOUNT FORM

Complete this form and FAX to: 888-358-9064

Company Name: _____
Ship to Address: _____ Bill to Address: _____
City, ST/Prov: _____ City, ST/Prov: _____
Postal Code: _____ Postal Code: _____
Telephone: _____ Telephone: _____
Fax: _____ Fax: _____

Company Type: Corporation (List parent firm name, if applicable) Partnership Proprietorship

Division of: _____

Subsidiary of: _____

When was the Company Established? _____ (year)

Nature of Purchasers Business: (Retailer, Wholesaler, Manufacturer, Distributor, Merchant, Contractor or Combination):

Certifications: (UL/ISO) _____

Names of Principals: (Owners/Active Partners with titles)

Main Purchasing Contact:

Name: _____

Titles: _____

Email*: _____

(*Email address is used to set-up your account to receive Order Acknowledgements via email and to give you access to fasson.com online services)

US Accounts ONLY: Federal Tax ID#: _____

Canadian Accounts ONLY: GST #: _____ PST #: _____

Other #: _____

Account Payable Contact

Name: _____

Email**: _____

(**Invoices are transmitted electronically. Email address information will be used to set-up your account to receive invoices via email)

Major Suppliers:

Company Name 1. _____ 2. _____ 3. _____

Contact _____

Telephone _____

Fax _____

Present or previous Business with: Acucote Flexcon Green Bay MacTac Kanzaki

Raflatac Spinnaker Technicote 3M Others _____

Annual total material purchases ? _____

Purchase from other Avery Dennison divisions? If so, which? _____

Purchase Preference: Roll Stock Sheet Stock

Your manufacturing capabilities (list types and quantity):

NF Digital WF Digital Flexo Screen Off-set Gravure Other _____

Press Types: _____

Completed By: _____ **Title:** _____ **Date** _____

***TO EXPEDITE PROCESSING, PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION ***

Blanket Exception Form

State Taxing Authorities request Fasson Roll North America to have the completed Blanket Exemption Certificate returned prior to order placement.

State of _____ Blanket Exemption Certificate

The undersigned hereby certifies that all purchases from Avery Dennison are purchased for:

- _____ Resale
- _____ Incorporation as a component part of personal property produced for sale
- _____ To be used directly in exempt manufacturing
- _____ Other (Specify) _____

and is exempt from the (State) _____ sales and use tax.

Description of property to be purchased _____

Purchaser assumes full liability for payment direct to the applicable tax authority of any tax due if he uses or consumes the property purchased for a taxable purpose.

(State) _____ Registration/License # _____

Purchaser (Business Name) _____

Signed

DBA (Any Trade Name) _____

Title

Address _____

Date

City _____

State, Zip _____