



840 South Pickett Street
Alexandria VA 22304

Telephone 703.340.1800
Toll Free 877.806.3444
Fax 703.340.1835
digilink-inc.com

Dear Perspective Client:

We are thrilled that you are interested in becoming a new DigiLink customer. We look forward to a long-term, mutually beneficial relationship.

We have attached our Certification of Resale Forms, Credit Application with Billing Instructions, and Printing and Credit Terms and Condition of Sale. Please carefully read and complete the forms and sign where indicated.

Please Fax or Mail all pages to:

Fax 703-340-1835

DigiLink, Inc.
Attn: Jim Lerner
840 South Pickett Street
Alexandria, VA 22304

Thanks again for your consideration and assistance.

CREDIT APPLICATION & BILLING INSTRUCTIONS

Payment Terms:

- DigiLink requires new customer orders to be paid COD; prior to shipment of the order.
(Credit card processing incurs an additional convenience fee)
- Terms on Approved Credit; Net Cash — Thirty (30) Days).

Submitted By:

Legal Name _____	Date _____
Additional Trade Name _____	Payables Contact _____
Address (principal place of business) _____	Business Phone _____
_____	Fax _____
_____	Email Address _____
City _____ State _____ Zip _____	IRS Employer ID# (EIN) _____
Program/Department _____	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable

Do you issue Purchase Orders? Yes No

Retail Sales Tax Exemption Certified Yes No

If yes, complete the appropriate State Certificate of Resale form

Has present firm ever done business under other names or another address? If so, list:

Estimated monthly dollar volume potential: _____

Business Classification

Corporation Partnership Proprietorship Ltd. Partnership Other _____

Date Established/Incorporated _____

Principal Officers/Owners/Partners

Name _____

Address _____

Title _____

SSN# _____

Principal Officers/Owners/Partners

Name _____

Address _____

Title _____

SSN# _____

COMMONWEALTH OF VIRGINIA
SALES AND USE TAX CERTIFICATE OF EXEMPTION

(For use by a Virginia dealer who purchases tangible personal property for resale,
or for lease or rental, or who purchases materials or containers
to package tangible personal property for sale)

To: _____ Date _____, _____
(Name of supplier)

_____, _____, _____, _____
(Number and street or rural route) (City, town, or post office) (State) (ZIP Code)

The Virginia Retail Sales and Use Tax Act provides that the Virginia Sales and use tax shall not apply to tangible personal property
purchased for resale; that such tax shall not apply to tangible personal property purchased for future use by a person for taxable lease or rental
as an established business or part of an established business, or incidental or germane to such business, including a simultaneous purchase
and taxable leaseback. The Act provides also that such tax shall not apply to packaging materials such as containers, labels, sacks, cans, boxes,
drums or bags if the materials are marketed with a product being sold and become the property of the purchaser.

This Certificate of Exemption may not be used by a using or consuming construction contractor as defined in the Regulations.

The undersigned dealer hereby certifies that all tangible personal property purchased from the above named supplier on and after this
date will be purchased for the purpose indicated below, unless otherwise specified on each order, and that this Certificate shall remain in effect
until revoked in writing by the Department of Taxation. (Check proper box below.)

- 1. Tangible personal property for RESALE only.
2. Tangible personal property for future use by a person for taxable LEASE OR RENTAL as an established business, or part of
an established business, or incidental or germane to such business, or a simultaneous purchase and taxable leaseback.
3. Packaging materials such as containers, labels, sacks, cans, boxes, drums or bags that are marketed with a product being sold
and become the property of the purchaser.

Name of Dealer _____ Certificate of
Registration No. _____

Trading as _____

Address _____, _____, _____, _____
(Number and street or rural route) (City, town, or post office) (State) (ZIP Code)

Kind of business engaged in by dealer _____

I certify that I am authorized to sign this Certificate of Exemption and that, to the best of my knowledge and belief, it is true and correct,
made in good faith, pursuant to the Virginia Retail Sales and Use Tax Act.

By _____ (Signature) _____ (Title)

(If the dealer is a corporation, an officer of the corporation or other person authorized to sign on behalf of the corporation must sign;
if a partnership, one partner must sign; if an unincorporated association, a member must sign; if a sole proprietorship, the proprietor must sign.)

Information for supplier—A supplier is required to have on file only one Certificate of Exemption properly executed by the dealer who
buys tax exempt tangible personal property for the purpose indicated hereon.

State of Maryland Certificate of Resale

Suggested Blanket Resale Certificate

This is to certify that all tangible personal property or taxable services purchased from:

are intended for resale as tangible personal property or for use or incorporation as a material or part of other tangible personal property to be produced for sale.

This certificate shall be considered as a part of each order we shall give, provided that the order bears our Maryland sales and use tax registration number, and is to continue in force until revoked.

Buyer's Name

Buyer's Address

Signature

Buyer's MD Sales and Use Tax Registration No. Date



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF TAX AND REVENUE**

**CERTIFICATE OF RESALE
DISTRICT OF COLUMBIA SALES AND USE TAX**

TO: SELLER			FROM: PURCHASER		
TRADE NAME (IF ANY)			TRADE NAME (IF ANY)		
SELLER'S STREET ADDRESS			PURCHASER'S STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
FEIN			DC CERTIFICATE OF REGISTRATION #		

I certify that all of the tangible personal property and services purchased from you in connection with this sale are for resale or rental either in the same form or for incorporation as a material part of other property being produced for resale or rental.

This certificate shall be considered a part of each order we shall give, provided the order contains our DC Certificate of Registration number and will continue in force until revoked by written notice to you.

AUTHORIZED SIGNATURE	TITLE	DATE

SELLER MUST KEEP THIS CERTIFICATE

INSTRUCTIONS

This certificate is not valid unless it contains the purchaser's District of Columbia Sales and Use Tax Registration Number. It must be signed by the owner or authorized officer and must be dated.

If you, as the issuer of the certificate of resale, buy items from the seller that do not qualify for tax exemption, you should advise the seller to charge the appropriate sales tax on such items. Otherwise, the purchaser is required to report and pay use tax directly using the Sales and Use Tax returns (FR-800A (annual) or FR-800M (monthly)) to the Office of Tax and Revenue.

The seller must retain all Certificates of Resale on file to substantiate exemptions in case of an audit of your DC Sales and Use Tax returns.

To be eligible to use this certificate, purchasers who are located inside or outside the District of Columbia must file DC Form FR-500, Combined Business Tax Registration Application with the Office of Tax and Revenue, 941 North Capitol St NE Washington DC 20002-4259 (202-727-4829).

REFERENCES

Bank References

Bank Name _____
Address _____

City _____ State _____ Zip _____
Phone _____ Fax _____

Accounts

Checking # _____
Loan # _____
Savings # _____
Bank Contact _____
Extensions _____

TRADE REFERENCE (including present printer)

Firm Name _____
Address _____

Phone _____ Fax _____
High Credit _____ Annual Purchase _____
Balance Owed _____ Credit Limit _____
Contact _____

TRADE REFERENCE

Firm Name _____
Address _____

Phone _____ Fax _____
High Credit _____ Annual Purchase _____
Balance Owed _____ Credit Limit _____
Contact _____

TRADE REFERENCE

Firm Name _____
Address _____

Phone _____ Fax _____
High Credit _____ Annual Purchase _____
Balance Owed _____ Credit Limit _____
Contact _____

DIGILINK'S POLICY IS TO CONFORM TO INDUSTRY GUIDELINES WHICH ARE DETAILED IN PRINTING & TRADE CUSTOMS. REFER TO THE PTC DOCUMENT AT <http://digilink-inc.com/wp-content/uploads/2016/02/PRINTINGTRADECUSTOMS.PDF>.

APPLICANT'S SIGNATURE ATTESTS SOLVENCY, FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE TERMS ESTABLISHED BY DIGILINK, INC. AFTER REVIEW OF THIS APPLICATION AND AS REFLECTED ON DIGILINK, INC. INVOICES. IF HOWEVER, THE INVOICES ARE NOT PAID, APPLICANT AGREES TO PAY ALL COSTS, INCLUDING REASONABLE ATTORNEYS FEE AND EXPENSES, RELATED TO THE ENFORCEMENT OF APPLICANT'S OBLIGATION HEREUNDER. APPLICANT'S REPRESENTATIVE BY SIGNING BELOW REPRESENTS AND WARRANTS THAT SHE/HE HAS BEEN DULY AUTHORIZED TO MAKE THE STATEMENTS CONTAINED HEREIN AND TO BIND THE APPLICANT TO THE TERMS AND CONDITIONS SET FORTH HEREIN AND FURTHER REPRESENTS AND WARRANTS THAT THE INFORMATION SET FORTH ABOVE (INCLUDING WITHOUT LIMITATION, ANY ADDITIONAL SHEETS ATTACHED HERETO) AND IN THE FINANCIAL STATEMENTS DELIVERED IN CONNECTION WEREWITH ARE TRUE, CORRECT AND COMPLETE.

Firm Name _____

By (signature) _____ Title _____

Name (print) _____

UNLESS AND TO THE EXTENT OTHERWISE SPECIFIED IN WRITING BETWEEN APPLICANT AND DIGILINK, INC., AS CONSIDERATION FOR THE ADVANCEMENT OF CREDIT, APPLICANT(S) INDIVIDUALLY, JOINTLY AND SEVERALLY AGREES TO THE TERMS AND CONDITIONS SET FORTH BELOW.

1) To pay DigiLink, Inc. ("Seller") net thirty days unless otherwise set forth by agreement between applicant and Seller. In the event applicant does not pay the amount due to Seller, applicant agrees to pay the interest charge specified in the agreement between applicant and the Seller or, in the absence of such specification, a late payment charge that shall vary from month to month and that shall, for each calendar month while any portion of said balance is unpaid, be equal to an annual rate of three percent (3%) over the prime lending rate as announced by Chase Manhattan Bank on the first day of each month, as it may change from time to time, or the maximum rate allowed by the law, whichever is less, for each calendar month while any portion of said balance is outstanding.

2) Seller may use this agreement with any bank or other kind of financial institution for the purpose of obtaining all personal and business financial information of any kind or nature whatsoever in the name of applicant and/or the entity applicant represents.

3) Applicant shall give Seller not less than 30 days prior written notice of a change in applicant's address. In addition, applicant shall promptly notify Seller in writing of any errors in invoices within 10 days.