

# Online Store Application

- Credit Card number must accompany your application for processing.
- For assistance, please contact us Monday through Friday, 8:30 a.m. until 4:30 p.m. Central Time at 866.481.4414.
- Email completed application to support@printswell.com or fax to 800.476.2007.

**DEALERSHIP INFORMATION**

Company Name \_\_\_\_\_ Application Date \_\_\_\_\_

Billing Address \_\_\_\_\_ Office Phone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Office Fax (\_\_\_\_\_) \_\_\_\_\_

Owner's Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_

State Sales Tax ID Number \_\_\_\_\_

If a new dealer, what type of dealership are you applying for?

- Retail dealer (storefront) + Web  
  Studio dealer (home or other non-retail office) + Web  
  Web Only

Existing Website URL (If Applicable) \_\_\_\_\_

Desired Web Store URL (will end in .printswell.com) (subject to availability) \_\_\_\_\_ .printswell.com

Desired Web Header Text (ie, company name) \_\_\_\_\_

- I would like to use my logo. {Please email a high resolution transparent (png) file to rachel@printswell.com.}
- Minimum size logo 700W x 140H. Maximum size logo 1080W x 140H. The available logo space is horizontally oriented.
- Please consider logo layout and above specs for best use of space.

How did you hear about PrintsWell? \_\_\_\_\_

**WEB STORE MAINTENANCE**

- Monthly (\$15.00, billed on or about the 5th of each month)      \$15.00      \$ \_\_\_\_\_
- Annual (\$150 a year, billed at activation, and then annually on anniversary date)      \$150.00      \$ \_\_\_\_\_

**\*\*A charge to this card will recur on specified cycle (monthly or annually) without reminder. You may cancel at any time with written notice.\*\***

Visa  
  MasterCard  
  AmEx  
  Discover  
 Card Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Name on Card \_\_\_\_\_

**MAKE COMMISSION CHECK PAYABLE TO**

Name \_\_\_\_\_ Address \_\_\_\_\_

**PRINTSWELL WEB STORE DEALER GUIDELINES**

- PrintsWell will host and manage your PRINTSWELL.COM website and collect all revenue from sales.
- Online dealers earn a 47% commission on sales from all customers coming directly to your site. Additionally, when a customer visits WWW.PRINTSWELL.COM without specifying a dealer, a 17% commission will be referred to an active online dealer on a random basis.
- Commission checks are mailed on or about the twenty-fifth of each month covering all orders shipped during the previous month.
- PrintsWell will provide customer service to all customers who visit your site.
- PrintsWell will manage all sales/promotions on your PRINTSWELL.COM website.
- When making a logo for your PRINTSWELL.COM website, please make it a ratio of 4.5 : 1 for optimal display.

I have read and agree to all of the above policies and formally submit my application for a PrintsWell, Inc. online dealership. I understand approval of this application is at PrintsWell, Inc.'s sole discretion. Should my application be approved, I will be notified by PrintsWell, Inc. and can begin marketing my online store immediately under the terms listed above.

Signature \_\_\_\_\_ Title \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	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.)		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input 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) _____ <b>Note:</b> 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) _____	<b>4</b> 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>	
	<b>3b</b>	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"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code		
	<b>7</b>	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.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									

**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.

## 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.

<b>Sign Here</b>	Signature of U.S. person	Date
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## 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](http://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