



Dear Professional Photographer,

Thank you for your interest in the many progressive services that Bullock Professional has to offer.

Bullock Professional, an experienced Kodak Promise of Excellence lab, has made quite an impact on our clients since we were founded in 1986. Since we do not spend our customers' money on advertising, we must derive our sales based on what our customers say about us...in other words we work hard to earn our reputation for quality, dependability, and fastest turnaround in America at a price that helps you keep your profits.

I take a rather unique but basic approach to get business by listening to our customers' needs and responding with complete, full service products to grow your business. Whether you'd like our lab's creative products and services or you desire to create your own, Bullock Professional will perform to your expectations.

Thanks for completing the attached brief questionnaire, our state's required sales tax form, and credit card documents and return them via fax or in the enclosed prepaid envelope. This important information will help you get started as soon as possible by telling us how best to serve you as well as helping with our future production planning.

Your business is priority here at Bullock. As we hopefully begin processing for you, I want to be sure and deliver your work in a manner that you can count on. As soon as we have your information, I will promptly respond with our catalog and information for sending your orders immediately via BPRocs (The Bullock Professional Remote Order Creation System).

Kind regards,

A handwritten signature in blue ink that reads "Don".

Don Bullock,
Bullock Professional

DWB/ms

Encl: PotntI Custr Quest/NC Tax /PPD Ret Env/CC Form

308 Concord Road, Albemarle, North Carolina 28001

1.888.Bullock www.BullockPro.com

FAX (704)982-1706



Please complete the following 3 pages and fax to (704)982-1706

Potential Client Questionnaire

Owner (s) : _____ Date: ___/___/___

Spouse's Name (if Involved with Company) _____

Company Name: _____

Address (We can only use one address for orders and your mail.) _____

City, State, Zip _____

Area Code & Phone No. _____ Your FAX Area Code and Phone No. _____

Web Address: www. _____ Your Email Address: _____

Years in business at present location > _____

Number of weddings shot last year > _____ Expected weddings this year? _____

Is it important to you that the proofs and photographs your customers receive be on real, Kodak Endura Paper? Y or N

Are you interested in internet proofing and online ordering for your clients? Y or N

Are you interested in having a website designed and maintained by Bullock Professional (\$25 per month)? Y or N

Name of Digital Camera(s) You Use: _____

Number of portraits taken last year > _____ Expected number of portraits this year > _____

Are you interested in Black & White and Sepia print services? Y or N

Number of Proms, Dance Studios, Sports you expect to shoot this year? _____

Approximately how many prints do you have canvassed per year? _____

What particular services are you interested in? _____

What was the approximate total of your lab purchases last year? _____

(We realize the total you might do with us depends on your acceptance of our service.)

UPS GROUND COMMERCIAL* (Bullock Professional pays the actual UPS shipping cost)

(If UPS determines your location is a non-commercial delivery

or in their "Delivery Area Surcharge" area, their surcharges are added.)

Will packages be delivered to your business in a separate/unattached building from your home? Y or N

Name(s) of the Professional Lab(s) you are now using > _____

What is your current method of payment to your lab(s) > Open Acct. COD/Prepaid Visa/MasterCard

In what ways can we help improve your prolab's services? > _____

How did you find out about Bullock Professional? _____

Thanks for your time in helping us understand your business. This enables us to efficiently respond to your needs. Please fax to (704)982-1706 or mail this questionnaire, required sales tax & Credit/Debit card forms. We will promptly respond.

For your success,

Don Bullock, Founder

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Form E-595E rev. 6-04 **Photographer:** Since Bullock Professional is a wholesale company, North Carolina requires that all customers (in and out of state) complete this form prior to providing services. Please read instructions and complete areas marked with an "X".

Instructions

Use this form to claim exemption from sales tax on purchases of taxable items. The purchaser must complete all fields on the exemption certificate and provide the fully completed certificate to the seller in order to claim exemption.

Purchaser Warning: You are responsible for ensuring that YOU are entitled to the exemption you are claiming. You will be held liable for any tax and interest, as well as penalties imposed by the member state, if you are not eligible to claim this exemption.

Seller: You are required to keep a copy of this exemption certificate in your files and provide information on purchaser to participating states of the Streamlined Sales and Use Tax Agreement. You are relieved of the responsibility for collecting and remitting sales tax on the sale or sales described on the exemption certificate, provided all of the following conditions are met:

1. for over-the-counter sales and sales sourced within the seller's state, the state allows the exemption claimed;
2. all fields on the exemption certificate are completed by the purchaser;
3. the fully completed exemption certificate is provided to you at the time of the sale; and
4. you do not fraudulently fail to collect the tax due or solicit customers to unlawfully claim an exemption.

Instructions for Completing the Certificate of Exemption

Enter the two-letter postal abbreviation "NC" in the boxes provided if you are claiming an exemption from sales or use tax imposed by the State of North Carolina. Other states may allow the use of this certificate, and the appropriate state abbreviation should be entered. Check whether this is a single purchase certificate or a blanket certificate. If this certificate is for a single transaction, check the single purchase box and include the invoice or purchase order number for the transaction. If you make recurring purchases from this same seller, you may check the "blanket certificate" box so that you do not need to provide an exemption certificate for future purchases. If the blanket certificate box is checked, the certificate continues in force until canceled by the purchaser. Complete the business and seller information section. An identification number for you or your business must be included. For North Carolina transactions, the identification number will be the sales and use tax registration number (Business Class and Account 10) or the sales and use tax exemption number issued to you or your business by the North Carolina Department of Revenue. If you or your business is not required to provide a registration number or an exemption number, enter the Federal Employers Identification Number (FEIN) issued to your business, or if no FEIN number is required, enter your personal driver's license number and the state it is issued by. Foreign diplomats and consular personnel must enter the individual tax identification number shown on the sales tax exemption card issued to you by the United States Department of State's Office of Foreign Missions.

Type of Business - Circle the number that best describes your business or organization. If none of the categories applies, circle number 20 and provide a brief description.

Reason for Exemption - The exemptions listed are general exemptions most commonly allowed by member states. However, each state's laws governing exemptions are different. Not all of the reasons listed may be valid exemptions in the state in which you are claiming exemption. In addition, each state has other exemptions that are not listed on this form. To determine what sales and use tax exemptions are allowed in a particular state, refer to the state's web site or other information available relating to their exemptions. Circle the exemption that applies to your business and enter the additional information requested for that exemption. If an exemption that is not listed applies, circle "M Other" and enter an explanation. For information on exemption certificate procedures and exemption number requirements in North Carolina, see Sales and Use Tax Directive SD-04-01 which can be found on the Department's website at www.dor.state.nc.us.

Warning to purchaser:

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that is due tax on this sale. The state that is due tax on this sale will be notified that you claimed exemption from sales tax. You will be held liable for any tax and interest, as well as civil and criminal penalties imposed by the member state, if you are not eligible to claim this exemption. Sellers may not accept a certificate of exemption for sales sourced within the state if an exemption does not apply in the seller's state.

NORTH CAROLINA STREAMLINED SALES TAX AGREEMENT CERTIFICATE OF EXEMPTION

X	X	< Enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.		
Check one: <input type="checkbox"/> Single purchase certificate. Relates to invoice/purchase order # _____.				
<input checked="" type="checkbox"/> Blanket certificate. If checked, this certificate continues in force until cancelled by the purchaser.				
X				
Name/Company of Purchaser				
X	X	X	X	
Business Address		City	State	Zip Code
X	X	X	X	
Purchaser's Tax ID Number		State of Issue	Country of Issue	
Bullock Professional				
Name of Seller From Whom You Are Purchasing, Leasing or Renting				
308 Concord Road		Albemarle	NC	28001
Seller's Address		City	State	Zip Code
X Type of Business. Circle the number that describes your business.				
01 Accommodation and food services	08 Real estate	15 Professional services		
02 Agricultural, forestry, fishing, and hunting	09 Rental and leasing	16 Education and health-care services		
03 Construction	10 Retail trade	17 Nonprofit organization		
04 Finance and insurance	11 Transportation and warehousing	18 Government		
05 Information, publishing, and communications	12 Utilities	19 Not a business		
06 Manufacturing	13 Wholesale trade	20 Other (<i>explain</i>) _____		
07 Mining	14 Business services			
Reason for Exemption. Circle the letter that identifies the reason for the exemption.				
A Federal government (<i>department</i>)		H Agricultural production #		
B State or local government (<i>name</i>)		I Industrial production/manufacturing #		
C Tribal government (<i>name</i>)		J Direct pay permit #		
D Foreign diplomat #		K Multiple points of use (services, digital goods, or computer software delivered electronically)		
E Charitable organization #				
F Religious or educational organization #		L Direct mail #		
G Resale # X		M Other (<i>explain</i>)		
/ declare that the information on this certificate is correct and complete to the best of my knowledge and belief.				
X	X	X	X	
Signature of Authorized Purchaser		Print Name Here	Title	Date



Credit /Debit Card Authorization

Upon receipt of this credit card documentation and signature, all orders will be shipped via this method. Credit card charges are made at the time your order ships from the lab.

(Please use a **black ink** pen to complete.)

COMPANY INFORMATION (Please print clearly)	CARD BILLING INFORMATION (Please print clearly)
<input checked="" type="checkbox"/> Company Name	<input checked="" type="checkbox"/> Cardholder Name (As it appears on card)
<input checked="" type="checkbox"/> Address (PO Box & Street Address)	<input checked="" type="checkbox"/> Address (If same as Company – write 'SAME')
<input checked="" type="checkbox"/> City State ZIP	<input checked="" type="checkbox"/> City State ZIP
<input checked="" type="checkbox"/> Phone	<input checked="" type="checkbox"/> Phone

(circle one) **Debit** or **Credit Card**

(circle one) **VISA** or **Master Card** or **Discover** (Other Cards n/a)

Card Number: _____ Security Code from Card _____

Expiration Date: _____ / _____
Month Year

Purchasing Agreement:

By submitting an order to Bullock Professional, I hereby authorize you to charge all orders to this card. I understand that charges will be incurred when the order ships.

Furthermore, I understand that if there is a dispute regarding the order or the credit card charge, I will notify BULLOCK PROFESSIONAL in writing and allow them to correct any question before deciding to protest a payment with the issuing credit card company. In the event that I dispute a charge and did not notify BULLOCK PROFESSIONAL in writing and allow them to discuss the question, I agree to pay the amount of the charge which was refused without exception.

If Bullock Professional attempts to charge the order and it is denied by the credit card company for any reason, I authorize you to automatically ship my orders via COD, Cash only until the card is reactivated as approved. (The shipper's COD handling fee is added.)

I authorize you to charge all of my orders to the above listed card per the terms as explained above.

Name (Please Print)

Authorized Signature

_____ / _____ / _____
Mo / Day / Year