



# Credit Application – Net 30 Terms

Legal Name/ Parent Co. \_\_\_\_\_

Trade Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Year Business Established \_\_\_\_\_ Years at this address \_\_\_\_\_ Fax \_\_\_\_\_

Tax Exempt?  Yes  No **If YES, Attach Tax Exempt Certificate, otherwise tax MUST be billed. The following information must be provided. It will be held in the strictest confidence.**

Accounts Payable Contact \_\_\_\_\_

Telephone \_\_\_\_\_ Accounts Payable e-mail \_\_\_\_\_

Our policy is to email invoices and statements

Purchasing Contact \_\_\_\_\_

Telephone \_\_\_\_\_ Purchaser's e-mail \_\_\_\_\_

When we ship your ship, would you prefer: \_\_\_\_\_ FedEx, \_\_\_\_\_ UPS, or \_\_\_\_\_ Pick up \_\_\_\_\_ Sales Rep?

If using FedEx please provide us with your Account No. \_\_\_\_\_ UPS Collect # \_\_\_\_\_

### 3 Applicants Principal Suppliers:

Vendor \_\_\_\_\_ Accounts Receivable E-mail! (we can not fax and need a form filled out.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In support of this application, Moldshopsupplies.com is hereby authorized to obtain information from our banks and other firms with whom we do business. Upon approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms and conditions that follow: We acknowledge that payment is due by Net 30 days upon receipt of the invoice unless further stated in writing. No future orders will be processed when the open balance of my invoice is in excess of 45 days. Any invoice which remains unpaid after 30 days from the date of the invoice will be subject to a 1.5% per month service charge. If payment is not received within 90 days after the date of the invoice, we agree to pay all collection costs including, but not limited to, court costs and reasonable collection fees which will not exceed 25% of the outstanding indebtedness.

Returned Check Policy: Check returned by applicant's bank shall be charged a service fee of \$35.00

Applicant has executed this Business Credit Application and Business Credit Agreement on this \_\_\_\_\_ day of \_\_\_\_\_ Month, \_\_\_\_\_ Year.

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

\*\*This form must be signed to qualify for Terms.

## Michigan Sales and Use Tax Certificate of Exemption

**INSTRUCTIONS: DO NOT send to the Department of Treasury. Certificate must be retained in the seller's records.** This certificate is invalid unless all four sections are completed by the purchaser.

### SECTION 1: TYPE OF PURCHASE

- A. One-Time Purchase  
Order or Invoice Number: \_\_\_\_\_
- B. Blanket Certificate. Recurring Business Relationship
- C. Blanket Certificate  
Expiration Date (maximum of four years): \_\_\_\_\_

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made from the vendor listed below. This certifies that this claim is based upon the purchaser's proposed use of the items or services, OR the status of the purchaser.

Vendor's Name and Address

D.W. Sales 6594 Diplomat Dr. Sterling Heights, MI 48314

### SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

1.  All items purchased.
2.  Limited to the following items: \_\_\_\_\_

### SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

1.  For Lease. Enter Use Tax Registration Number: \_\_\_\_\_
2.  For Resale at Retail. Enter Sales Tax License Number: \_\_\_\_\_

The following exemptions DO NOT require the purchaser to provide a number:

3.  Agricultural Production. Enter percentage: \_\_\_\_\_%
4.  Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization).
5.  Contractor (must provide *Michigan Sales and Use Tax Contractor Eligibility Statement (Form 3520)*).
6.  For Resale at Wholesale.
7.  Industrial Processing. Enter percentage: \_\_\_\_\_%
8.  Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization.
9.  Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994.
10.  Rolling Stock purchased by an Interstate Motor Carrier.
11.  Qualified Data Center
12.  Direct Pay - Authorized to pay use tax on qualified transactions directly to the State of Michigan under Account Number \_\_\_\_\_
13.  Other (explain): \_\_\_\_\_

### SECTION 4: CERTIFICATION

*I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.*

Business Name		Type of Business (see codes on page 2)	
Business Address		City, State, ZIP Code	
Business Telephone Number (include area code)		Name (Print or Type)	
Signature and Title		Date Signed	

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Vendor's Name and Address

Keldon Co, 7764 Clyde Park SW, Byron Center, MI 49315

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