

# Credit Application



(Please fill out completely and fax to 586-755-5464)

## BILL TO:

Company Name:					
Street Address/P.O. Box:					
City:		State:		Zip:	
Phone:		Fax:			
Accounts Payable Contact:		Phone:			

Invoice delivery method: email  (email address : \_\_\_\_\_) fax  (number : \_\_\_\_\_)

## SHIP TO:

Company Name:					
Street Address/P.O. Box:					
City:		State:		Zip:	
Phone:		Fax:			

## OFFICERS/OWNERS OF BUSINESS:

Name:		Title:	
Name:		Title:	
Name:		Title:	

BUSINESS TYPE: Corporation  Partnership  Proprietorship  TAX ID#: \_\_\_\_\_

## BANKING INFORMATION:

Bank Name:			
Account #:		Contact Name:	
Address:		Phone #:	

## TRADE REFERENCES:

Company Name	Contact Name	Address	Phone #	Fax #

## TERMS OF SALE:

**PAYMENT:** All accounts are due in 30-days from invoice date unless Behco-MRM supplies a written exception. A 1.5% finance charge may be added to all past due accounts. Behco-MRM retains the right to refuse any extension of credit due to account delinquency.

**RETURNS GOOD POLICY:** Authorization to return a product needs to be obtained from the customer service department regardless of the reason for return. We will then issue a Return Goods Authorization number (RGA). Only items returned with an RGA # will be accepted. Credit on authorized returns is subject to our inspection and restocking fees may apply.

**MINIMUM ORDERS:** Cash sales minimum is \$25.00 Open account sales is \$50.00

The undersigned has read the preceding TERMS OF SALE and understand and accept.

Date: _____	Terr.: _____/____
Approved: Y / N	By: _____
Customer #: _____	
Customer Type: U O R	
Behco Internal Use Only	

Signed by: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

# Michigan Sales and Use Tax Certificate of Exemption

**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

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

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

3.  For Resale at Wholesale.
4.  Agricultural Production. Enter percentage: \_\_\_\_\_%
5.  Industrial Processing. Enter percentage: \_\_\_\_\_%
6.  Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization).
7.  Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization (must provide IRS authorized letter with this form).
8.  Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994 (must provide copy of letter with this form).
9.  Rolling Stock purchased by an Interstate Motor Carrier.
10.  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	

## Instructions for completing Michigan Sales and Use Tax Certificate of Exemption

**Purchasers** may use this form to claim exemption from Michigan sales and use tax on qualified transactions. It is the Purchaser's responsibility to ensure the eligibility of the exemption being claimed. All claims are subject to audit. Non-qualified transactions are subject to tax, statutory penalty and interest.

**Sellers** are required to maintain records, paper or electronic, of completed exemption certificates for a period of four years. Michigan does not issue "tax exempt numbers" and a seller may not rely on a number for substitution of an exemption certificate. Other documentation that sellers in the State of Michigan may accept are the Uniform Sales and Use Tax Certificate approved by the Multistate Tax Commission, the Streamlined Sales and Use Tax Agreement Certificate of Exemption, the same information in another format from the purchaser, or resale or exemption certificates or other written evidence of exemption authorized by another state or country.

### SECTION 1:

Place a check in the box that describes how you will use this certificate.

- A) Choose "One-Time Purchase" and include the invoice number this certificate covers.
- B) Choose "Blanket Certificate" if there is a "recurring business relationship." This exists when a period of not more than 12 months elapses between sales transactions between the seller and purchaser.
- C) Choose "Blanket Certificate" and enter the expiration date (maximum four years) when there is a period of more than 12 months between sales transactions.

Print the vendor's name and address in the area provided.

### SECTION 2:

Place a check in the box for "All items purchased" or choose "Limited to" and list the items that are covered by the exemption claim.

### SECTION 3:

Place a check in the box that applies and provide the additional information requested for that exemption. The exemptions listed are the most common. If the exemption you are claiming is not listed use "Other" and enter the qualifying exemption.

### SECTION 4:

Use the number that describes your business or explain any other business type not provided.

01	Accommodations	09	Transportation
02	Agricultural	10	Utilities
03	Construction	11	Wholesale
04	Manufacturing	12	Advertising, newspaper
05	Government	13	Non-Profit Hospital
06	Rental or leasing	14	Non-Profit Educational
07	Retail	15	Non-Profit 501(c)(3) or 501(c)(4)
08	Church	16	Other

Print the name of the business, address, city, state and zip code. Sign and provide your title (i.e. owner, president, treasurer, etc.). Provide your printed name and date the certificate.

**DO NOT SEND THIS EXEMPTION CERTIFICATE TO THE DEPARTMENT OF TREASURY.**



# Behco - MRM

## Customer Record Update

Customer Name:	<input type="text"/>		
Customer Address 1:	<input type="text"/>		
Customer Address 2:	<input type="text"/>		
City:	<input type="text"/>	Province or State: <input type="text"/>	Zip: <input type="text"/>
Website/E-mail:	<input type="text"/>	County:	<input type="text"/>
Phone Number:	<input type="text"/>	Fax:	<input type="text"/>
Tax Exempt Number: (Attach copy of certificate)	<input type="text"/>	Preferred Carrier:	<input type="text"/>
		Collect number:	<input type="text"/>
Purchasing Contact:	<input type="text"/>	Email:	<input type="text"/>
Purchasing Contact:	<input type="text"/>	Email:	<input type="text"/>
Accounts Payable Contact:	<input type="text"/>	Email:	<input type="text"/>

Would you like your invoices faxed or emailed? (must choose one)

Fax number: \_\_\_\_\_ Email address: \_\_\_\_\_

Do you allow partial shipments?                      Yes                      No

Do you have a different Ship-to address?: (attach separate sheet if necessary to include all ship to's)

Customer Ship to Address1:	<input type="text"/>		
Customer Ship to Address2:	<input type="text"/>		
City:	<input type="text"/>	Province or State: <input type="text"/>	Zip: <input type="text"/>
Country:	<input type="text"/>	County:	<input type="text"/>

Any additional comments or special instructions you would like us to consider: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please fax completed form to the attention of: Accounting Manager at **(586) 755-5464**. Thank you.