



CREDIT APPLICATION

25255 MOUND ROAD ■ WARREN, MICHIGAN 48091 U.S.A. ■ (586) 755-6363 ■ Fax (586) 755-6385

Company Information

Company Name & Address

Phone

Fax

Federal Tax I.D. #

State Tax I.D. #

Date Established

Type of Business Proprietorship Corporation

Subsidiary of

Division of

State of Incorporation

Nature of Business

of Employees

Name

Email address

President

Purchasing

Payable

Bank Reference

Name of Bank

Address

Phone

Fax

Account #

You Must Sign and Complete All Four Sections of the Attached Michigan State Sales Tax Exception Certificate to Avoid Being Charged Sales Tax

3 Major Trade References

1. Company Name

Address

Phone

Fax

2. Company Name

Address

Phone

Fax

3. Company Name

Address

Phone

Fax

Would You Like Your Invoice Faxed To You?

Yes No

Do You Require a Purchase Order for each Purchase?

Yes No

Terms are net 30 days for approved credit applicants. Cost of collection may be added to past due accounts. By signing this application you acknowledge that your firm will meet any commitments made and that you will pay MATZKA INCORPORATED invoices according to terms at the time of sale.

CORPORATE OFFICER SIGNATURE

DATE

YOUR INDUSTRIAL HARDWARE STORE

www.matzka.com



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Michigan Sales and Use Tax Certificate of Exemption

This certificate is invalid unless all four sections are completed by the purchaser.

SECTION 1: CHECK ONE OF THE FOLLOWING

- One time purchase **Blanket certificate** Expiration date if less than four years _____

The purchaser hereby claims exception on the purchase of tangible personal property and selected services made under this certificate from Matzka Incorporated and certifies that this claim is based upon the purchaser's proposed use of the items or services, or the status of the purchaser.

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

- All items purchased**
- Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

- For Resale at Retail -Sales Tax Registration Number _____
- For Resale at Wholesale -No Number Required
- For Lease-Use Tax Registration Number _____
- Agricultural Production -No Number Required (Describe) _____
- Industrial Processing - No Number Required**
- Government Entity - Nonprofit School - Nonprofit Hospital - Church (Circle type of organization.)
- Nonprofit Internal Revenue Code Section 501(c) (3) and 501(c) (4) Exempt Organizations (Attach copy of IRS letter ruling)
- Nonprofit Organizations with an Exempt letter from the State of Michigan (Attach a copy of State's letter)
- 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 accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Company Name

Telephone Number

Street Address

City

State

Zip Code

Signature and Title

Date Signed

Name (Print or Type)

Social Security No. or FEIN

For office use – Customer I.D. # _____