

Century Saw & Tool Co.

19347 Mt. Elliott Avenue

Detroit, MI 48234

Phone: (313) 893-2280

Fax: (313) 893-3379

CREDIT APPLICATION

NAME OF COMPANY: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

BUYER NAME: _____

BUYER PHONE: _____ BUYER FAX: _____

ACCOUNTS PAYABLE CONTACT: _____

ACCOUNTS PAYABLE PHONE: _____

TYPE OF BUSINESS: _____

YEARS ESTABLISHED: _____ INCORPORATED: YES or NO

BANK REFERENCE: _____

BANK ACCT #: _____

PHONE: _____ FAX: _____

CREDIT LIMIT REQUESTED: _____

PURCHASE ORDER REQUIRED: YES or NO

SALES TAX INFORMATION:

We are subject to payment of Sales Tax

We are tax-exempt (exemption certificates must be attached)

TRADE REFERENCES:

COMPANY NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____

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CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____

TERMS: NET 30

Applicant warrants that this application and information provided herein is present solely for business credit purposes only. The above named company agrees to pay all reasonable collection, attorney and court fees and any other expenses involved in the collection of charges made under this agreement.

Date: _____ Signature: _____

Title: _____

Account Approved By: _____

\$ Amount: _____

Account #: _____

Salesman #: _____

Date Account Opened: _____

Faxed to Customer: _____

CENTURY SAW & TOOL CO.

19347 Mt. Elliott
Detroit, Michigan 48234
(313) 893-2280 • Fax (313) 893-3379

Date _____

This is to certify that all purchases made by us from you from this date forward are exempt from the payment of Michigan Sales Tax for the following reasons (Please Check).

- _____ 1. For purpose of resale.
- _____ 2. For use in industrial processing.
- _____ 3. Sale of catalogs and other promotional material used to help the sale of tangible personal property.
- _____ 4. Sale in interstate commerce.
- _____ 5. Sale to U.S., State of Michigan, or subdivision thereof.
- _____ 6. Sale to churches, hospitals, exempt by Sales Tax Law.
- _____ 7. Sale to Michigan users who pay a use tax on this purchase.
- _____ 8. Misc. (detail) _____

NOTE: If at a later date the State of Michigan finds you liable to pay taxes, you shall agree to reimburse Century Saw & Tool Co. or pay taxes directly to the State of Michigan.

_____		_____	
(Name of Company)		(Company Address)	
_____		_____	
(City)	(State)	(Zip)	(Phone)
_____		_____	
(Purchaser's Authorized Signature & Date)		(Witness to Purchaser's Signature)	

SALES TAX NO. (Federal I.D. No.) _____

***PLEASE NOTE: ALTHOUGH YOU MAY HAVE ALREADY SUPPLIED US WITH YOUR COMPLETED TAX FORM, THE MICHIGAN DEPARTMENT OF TREASURY REQUIRES US TO UPDATE ALL TAX FORMS ON A PERIODIC BASIS.**

***WE MUST HAVE THIS FORM ON FILE - PLEASE FILL OUT AND RETURN TO US A.S.A.P.**

Thank You