

CREDIT APPLICATION



For Office Use Only
Date: _____
Opened: _____
Customer Code: _____
Terms: _____

5425 Lake Michigan Dr. | Allendale, MI 49401 | 616.895.5400 ph. 616.892.4777 fax

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Business Fax _____

Other Phone Numbers: _____

Principal Owners/General Partners: _____

How long in Business _____ Bank at _____

Business References: (Must be completed in full, in order to process application.
(Please include all phone and fax numbers.)

Name	Address	Tel#/Fax#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

A 1.5% Monthly finance charge will be added to all past due accounts. Please refer to account terms on your statement for accurate term details and payment due dates.

Applicant's signature with agreement to monthly finance charge details.

Signature: _____

Title: _____

***Invoicing: Sign Up for Email Invoices and Statements today.
\$5 Monthly Fee Applies to Accounts receiving Mailed Statements***

Email Invoices: _____ YES _____ NO

Email Statements: _____ YES _____ NO

Email Address: _____

Michigan Sales Tax and Exemption Form

In addition, please fill out the Michigan Sales and Use Tax Certificate of Exemption form. (Form 3372 found also on our website)

The undersigned hereby claims tax exemption for the following reason:

_____ For Resale. My Resale Acct # is _____

_____ For Industrial Processing
Michigan Dept. of Treasury Acct. # is _____

_____ Government Purchase

_____ Non-Profit Use

_____ Agricultural Producing

I, hereby, agree that if the property purchased is used for other purpose than noted above, I assume full liability for the tax.

Signature: _____

Approved List of Applicants

First/Last Name

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

We value your business and want to be able to offer you all discounts, terms & pricing benefits possible. In order to offer these discounts and terms, we must have secured payment options on file. Please refer to Payment Authorization Form for Payment Preferences & Options.

Credit Limit Amount Requesting: _____

Does this account use P.O. Numbers? Yes _____ **No** _____

Applicants Primary Trade Area: Please Circle All That Apply

- | | | | |
|--------------------------|---------------------|-------------------|------------|
| LANDSCAPE CONTRACTOR | FARM/AGRICULTURAL | PAINT CONTRACTOR | BUILDER |
| ELECTRICAL CONTRACTOR | PLUMBING CONTRACTOR | AUTO REPAIR | GREENHOUSE |
| APARTMENT RENTAL/HOUSING | SCHOOL/EDUCATIONAL | CHURCH/NON-PROFIT | |

Personal Guarantee

(Please read, sign and date)

FOR CONSIDERATION RECEIVED, and as further incentive for Allendale True Value Hardware, Inc. (hereinafter "Creditor") to advance credit to applicant on the attached credit application (hereinafter "Purchaser"), the undersigned (hereinafter "Guarantor") jointly and severally guarantee complete and timely payment of the liability that the Purchaser owes to the creditor. That liability is any and all purchases made on open account with Allendale True Value Hardware, Inc.

Upon nonpayment by the Purchaser of a payment due and owing to the Creditor, the Creditor may move against the Guarantor without need to move first against the Purchaser.

Furthermore, the Guarantor shall continue to be obligated on this guaranty until it is revoked in writing by both the Guarantor and Creditor. This agreement shall be binding and shall attach to the successors and assigns of the Guarantor.

Printed Name: _____ Signature: _____

Date: _____
(Guarantor)

Day Time Phone: _____

Evening Phone: _____

Address: _____

(This must be signed, dated and filled out completely in order for your application to be processed.)



Payment Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize _____ (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Authorizing Monthly Acct Balance & All Past Due Invoices: _____ (Initials)

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 4 5 6 7 8 9 0 1 2 3 ⑆
Routing Number Account Number

Credit Card Backup Payment Authorization: (Please complete as backup payment to ACH)

Credit Card Type: (Circle) Master Card Visa American Express Discover

Name as appears on Credit Card: _____

Billing Address: _____ City: _____ St: _____ Zip: _____

Credit Card Number: _____ - _____ - _____ - _____ Exp Date: ____ / ____ CVV: _____

3 Digit Code On Back

(This will speed up the approval process of accounts as well as allow those that may not have credit references be able to open up and start a charge account. Credit cards will not be charged unless authorized ACH payment is declined. A 2% FEE May Be Applied if Credit Card Payment has to be made.)

PAYMENT PREFERENCE #1 _____
PAYMENT PREFERENCE #2 _____
PAYMENT PREFERENCE #3 _____

PAYMENT OPTIONS
CHECK | ACH | CREDIT CARD
MUST FILL OUT ALL THREE PREFERENCES

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

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

Instructions for completing *Michigan Sales and Use Tax Certificate of Exemption (Form 3372)*

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	10	Utilities
02	Agricultural	11	Wholesale
03	Construction	12	Advertising, newspaper
04	Manufacturing	13	Non-Profit Hospital
05	Government	14	Non-Profit Educational
06	Rental or leasing	15	Non-Profit 501(c)(3) or 501(c)(4)
07	Retail	16	Qualified Data Center
08	Church	17	Other
09	Transportation		

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.

THE COMPLETED CERTIFICATE MUST BE RETAINED IN YOUR RECORDS IN THE EVENT OF AN AUDIT.

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