



2255 29<sup>th</sup> Street SE  
Grand Rapids, MI 49508  
800-538-9088  
616-245-3388 Fax: 616-245-1188

**IMPORTANT: Pursuant to the requirements of the State of Michigan, it is necessary for all customers of Charter Industries to complete the following Sales Tax & Use Tax Certificate Exemption Form. Please complete and return promptly.**

**SALES TAX AND USE TAX CERTIFICATE EXEMPTION**

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

**Section 1:** Check one of the following:

One time Purchase  Blanket Certificate<sup>1</sup>

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made under this certificate from:

\_\_\_\_\_  
(Vendor's Name)

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:

**Resale**

At Retail – Sales Tax Registration Number: \_\_\_\_\_  
 At Wholesale – No Number Required  
 Agricultural Production: (describe) \_\_\_\_\_  
 Industrial Processing

**Non-Profit Organizations**

Government Entity, Nonprofit School, Nonprofit Hospital, and Church (circle type of organization)  
 Internal Revenue Code Section 501(c)(3) and 501(c)(4) Organizations  
 Exempt Letter from the State of Michigan  
 Other (explain): \_\_\_\_\_

**Section 4:** Certification

In the event this claim is disallowed, the purchaser promises to reimburse the seller for the amount of tax owed.

Purchaser \_\_\_\_\_ Federal ID# \_\_\_\_\_  
Street Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Area Code – Telephone No. \_\_\_\_\_  
\_\_\_\_\_  
(Signature & Title) (Date Signed)

Name (Print or Type) \_\_\_\_\_

<sup>1</sup> A blanket certificate is valid for three years from the date of signature unless an earlier expiration date is listed below.

Expiration date, if less than three years: \_\_\_\_\_



**SALES TAX  
EXEMPTION**

# CHARTER INDUSTRIES

## Credit Application

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Grand Rapids, MI 49508

Toll Free: 800-538-9088  
Fax: 616-245-1188  
charterindustries.com

**BUSINESS NAME** \_\_\_\_\_  Corporation  
 Business Address \_\_\_\_\_  Partnership  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  Sole Proprietorship  
 Federal ID Number \_\_\_\_\_ State of Incorporation \_\_\_\_\_  
 Kind of Business \_\_\_\_\_ How Long in Business \_\_\_\_\_  
 Names of Officers or Owners of Firm \_\_\_\_\_  
 Officers or Owners Social Security Number \_\_\_\_\_

**BUSINESS REFERENCES (3)** Very Important ↓

1.	COMPANY / ADDRESS	PHONE	FAX
2.	COMPANY / ADDRESS	PHONE	FAX
3.	COMPANY / ADDRESS	PHONE	FAX

**BANK REFERENCE**

NAME / ADDRESS / BRANCH \_\_\_\_\_ PHONE \_\_\_\_\_

Contact \_\_\_\_\_  CHECKING  SAVINGS  LOAN

**NAME(S) OF PERSON(S) AUTHORIZED TO CHARGE:**

Name	Position	Phone #
Name	Position	Phone #

Your Name (if not owner) \_\_\_\_\_ e-mail \_\_\_\_\_

Position \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**CREDIT AGREEMENT**

I understand that by signing this credit application, I am stating that I am a legal agent of the above-mentioned company and that I have the authority to represent the company in this matter. Further, I hereby authorize Charter Industries to contact the three trade references, and inquire about the company's payment practices and other factors that may help Charter Industries access creditworthiness. I also understand that I am authorizing Charter Industries to access national, regional, or local databases to obtain any information that may assist in assessing credit risk. As part of this agreement, revoked checks are subject to a \$25 fee and outstanding balances past term are subject to additional 1.5% monthly finance charges. Should Charter Industries be forced to file a legal claim against the applicant and/or the undersigned for reason to recover the past due amount, it is the right of Charter Industries to add reasonable collection costs, legal costs and attorney fees to assigned balance due to time of collection and legal pursuit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct.

**Personal Guarantee**

The undersigned personally and individually guarantee the payment of any outstanding balances and obligations of the named Applicant in this document due Charter Industries, and agree that I am personally obligated to perform all of the terms of and make all payments to Charter Industries required by the agreement of which this Application is a part. Absent written permission by Charter Industries this personal guarantee may not be revoked.

This application must be signed by an officer, partner, or proprietor of the firm to authorize opening of the account.

\_\_\_\_\_ **Authorized Signature**                      \_\_\_\_\_ **Title**                      \_\_\_\_\_ **Date**

**TERMS:**

Our terms are net 30 days

**Charter Industries**

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