

| City | Address Years at Address City State Zip Phone Fax E-mail Type of Business: Corporation Federal I.D.# | - | πΑ | | | | | | |
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| CityStateZip | CityStateZip | | | | | | | | |
| Phone Fax E-mail Type of Business: Corporation Federal I.D.# Proprietorship Soc. Sec.# Partnership Soc. Sec.# Purchaser Owner / Manager Purchaser Financial Institutuion: Account# Address: City State Zip Phone# Fax# Part B Business References: 1) Company Name Acct# Address City State Zip Phone# Fax# E-Mail 2ip Phone# Fax# E-Mail 2ip Phone# Fax# E-Mail 3i Company Name Acct# Address City State Zip Phone# Fax# E-Mail 3i State Zip Phone# Zip Phone# Fax# E-Mail State Zip Phone# Zip Phone# Fax# E-Mail State Zip Phone# Zip Phone# Zip Phone# Zip Phone# Zip Zip Zip Zip Zip Zip </th <th>Phone </th> <th>Ad</th> <th>ldress</th> <th>j</th> <th></th> <th>Years at A</th> <th>Address</th> <th></th> <th></th> | Phone | Ad | ldress | j | | Years at A | Address | | |
| Phone Fax E-mail Type of Business: Corporation Federal I.D.# Proprietorship Soc. Sec.# Partnership Soc. Sec.# Purchaser Owner / Manager Purchaser Financial Institutuion: Account# Address: City State Zip Phone# Fax# Part B Business References: 1) Company Name Acct# Address City State Zip Phone# Fax# E-Mail 2ip Phone# Fax# E-Mail 2ip Phone# Fax# E-Mail 3i Company Name Acct# Address City State Zip Phone# Fax# E-Mail 3i State Zip Phone# Zip Phone# Fax# E-Mail State Zip Phone# Zip Phone# Fax# E-Mail State Zip Phone# Zip Phone# Zip Phone# Zip Phone# Zip Zip Zip Zip Zip Zip </th <th>Phone </th> <th>Cit</th> <th>ty</th> <th></th> <th></th> <th>State</th> <th> Z<u>ip</u></th> <th></th> <th></th> | Phone | Cit | ty | | | State | Z <u>ip</u> | | |
| Corporation Federal I.D.# Proprietorship Soc. Sec.# Partnership Soc. Sec.# Owner / Manager Purchaser Financial Institutuion: Account# Address: City State Zip Phone# Fax# Part B Fax# Business References: City 1) Company Name Acct# Address City State Zip Phone# Fax# 2) Company Name Acct# Address City State Zip Phone# Fax# E-Mail State Zip 2) Company Name Acct# Address City State Zip Phone# Fax# E-Mail State Zip Phone# Zip 3) Company Name Acct# Acct# Address City State Zip Phone# Fax# E-Mail State Zip Phone# Zip Phone# Fax# E-Mail State Zip State Zip | Corporation Federal I.D.# Proprietorship Soc. Sec.# Partnership Soc. Sec.# Partnership Soc. Sec.# Purchaser Financial Institutuion: City | | | | | | | | |
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| Partnership Soc. Sec.# Owner / ManagerPurchaser Financial Institutuion: Account# Address: CityStateZip Phone#Fax# | Partnership Soc. Sec.#Purchaser Cowner / ManagerPurchaser Financial Institutuion:Account#Address:CityStateZip | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| Owner / Manager Purchaser Financial Institutuion: Account# Address: City State Zip Phone# Fax# Part B Business References: 1) Company Name Acct# Address City State Zip Phone# Fax# E-Mail 2ip Phone# Fax# E-Mail 2ip 2) Company Name Acct# Address Address City State Zip Phone# Fax# E-Mail 3i 3) Company Name Acct# Address Address City State Zip Phone# Fax# E-Mail 3i 3) Company Name Acct# Address Address City State Zip Phone# Fax# E-Mail 3i Part C Michigan Sales Tax ID #: The undersigned hereby claims tax exemption for the following reason: | Owner / Manager Purchaser Financial Institutuion: Account# Address: City State Zip Phone# Fax# Part B Business References: Fax# 1) Company Name Acct# Address City State Zip Phone# Fax# E-Mail 20 2) Company Name Acct# Address City State Zip Phone# Fax# E-Mail 21 <td></td> <td></td> <td>Pr</td> <td>oprietorship Soc. Sec.#</td> <td></td> <td></td> <td></td> <td></td> | | | Pr | oprietorship Soc. Sec.# | | | | |
| Financial Institutuion: Account# Address: City State Zip Phone# Fax# Part B Business References: 1) Company Name Acct# Address City State Zip Phone# Fax# E-Mail 2ip 2) Company Name Acct# Adcress City State Zip Phone# Fax# E-Mail 2ip State Zip Phone# Fax# E-Mail 2ip 2ip 2ip | Financial Institutuion: Account# Address: City State Zip Phone# Fax# Part B Business References: Fax# 1) Company Name Acct# Address City State Zip Phone# Fax# E-Mail 2) Company Name Acct# Address City State Zip Phone# Fax# E-Mail 2) Company Name Acct# Address City State Zip Phone# Fax# E-Mail 3) Company Name Acct# Address Zip Phone# Fax# E-Mail Eigen 3) Company Name Acct# Acct# Address City State Zip Phone# Fax# E-Mail Eigen Fax# State Zip The undersigned hereby claims tax exemption for the following reason: | | | Pa | artnership Soc. Sec.# | | | | |
| Address:CityStateZip Phone#Fax#Fax# Part B | Address: CityFax# | Ov | wner / | Manager | | Purchas | ser | | |
| Address:CityStateZip Phone#Fax#Fax# | Address: CityFax# | Fir | nancia | al Institutuion:_ | | Account | t# | | |
| Phone# | Phone# | | | | | | | e | Zip |
| Business References: 1) Company Name | Business References: 1) Company NameAcct# | | | | | | | | |
| Business References: 1) Company Name | Business References: 1) Company NameAcct# | | | | | | | | |
| 1) Company Name | 1) Company NameAcct# | | | | | | | | |
| Address | Address City State Zip Phone# Fax# E-Mail 2) Company Name Acct# Address City State Zip Phone# Fax# E-Mail 3) Company Name Acct# Address City State Zip Phone# Fax# E-Mail E-Mail 3) Company Name Acct# Address Address City State Zip Phone# Fax# E-Mail E-Mail Prione# Fax# E-Mail Phone# Fax# E-Mail Phone# Fax# E-Mail Phone# Fax# E-Mail Phone# Resale Agricultural Non-Profit Michigan Sales Tax ID # : The undersigned hereby claims tax exemption for the following reason: Industrial Government Educational Net 10th unless otherwise agreed. Interest reimbursement may be charged on any invoices not paid within 30 days. Rate of Agricultural Non-Profit | | | | | | • • • • | | |
| Phone# | Phone# | 1) | | | | | | | 7: |
| 2) Company Name Acct# AddressCityStateZip Phone#Fax#E-Mail 3) Company NameAcct# AddressCityAcct# AddressCityStateZip Phone#Fax#E-Mail | 2) Company Name Acct# | | | | | | | | |
| Address | Address | | Phon | .e# | Fax# | | E-IVIAII_ | | |
| Phone# Fax# E-Mail 3) Company Name Acct# Address City StateZip Phone# Fax# E-Mail Part C Michigan Sales Tax ID #: The undersigned hereby claims tax exemption for the following reason: | Phone# | 2) | - | | | | | | |
| Phone# Fax# E-Mail 3) Company Name Acct# Address City StateZip Phone# Fax# E-Mail Part C Michigan Sales Tax ID #: The undersigned hereby claims tax exemption for the following reason: | Phone# | | Addre | ess | | City | | State | Zip |
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| Part C Michigan Sales Tax ID # : The undersigned hereby claims tax exemption for the following reason: | Part C Michigan Sales Tax ID #: The undersigned hereby claims tax exemption for the following reason: Not Tax Exempt Resale Agricultural Non-Profit Industrial Government Educational Net 10th unless otherwise agreed. Interest reimbursement may be charged on any invoices not paid within 30 days. Rate of | , | | | | | | | Zip |
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| reimbursement is 1% per month or 12% per annum for any month or partial month's extension. I/We authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency. Credit availability and/or termination | | | | | | | | | |
| information and/or obtain additional information by securing data from a credit reporting agency. Credit availability and/or termination will be at the discretion of the vendor. I/We further agree to pay any and all costs of collection, in the event of default, if the account | will be at the discretion of the vendor. I/We further agree to pay any and all costs of collection, in the event of default, if the account is | - | | | | | | | |
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