



Credit Application

5151 Woodfield Ct NE
Grand Rapids MI 49525
616 363-3669
Fax 616 363-2441

Part A

Company Name _____ Year Established _____
Address _____ Years at Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ E-mail _____

Type of Business:

Corporation Federal I.D.# _____
Proprietorship Soc. Sec.# _____
Partnership Soc. Sec.# _____

Owner / Manager _____ Purchaser _____

Financial Institution: _____ Account# _____
Address: _____ City _____ State _____ Zip _____
Phone# _____ Fax# _____

Part B

Business References:

- 1) 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 _____ City _____ State _____ Zip _____
Phone# _____ Fax# _____ E-Mail _____

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 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 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 placed with an attorney or a collection agency. This agreement shall be governed by, construed, and enforced in accordance with the laws of the State of Michigan. We further acknowledge that credit privileges, if granted, may be withdrawn at any time. Filling out the fields below guarantees and attest personal financial responsibility, ability, and willingness to pay invoices in accordance with terms. **(Note: If a partnership, all partners must sign. If a corporation, an authorized corporate must sign)**

Signed	Authorized Signature	Print Name	Date
	_____	_____	_____
	_____	_____	_____