



### NEW CUSTOMER ACCOUNT PACKAGE CHECK LIST

Please complete and return the following items to enable us to begin processing your application for a credit account with Michigan Lumber Company (MLC). We require these items to enable us to approve your request in a timely manner.

1. MLC Application for Credit, completed and signed where indicated.
2. Michigan Tax Exemption Form (if applicable), completed and signed where indicated.
3. A photo copy of your ACTIVE Builders License. Either the wall license or your pocket card will work.

It is the policy of MLC to extend credit to all customers who are shown to be credit worthy. Information from the references on your credit application will be requested and evaluated, and individual credit reports will be obtained if necessary. Credit limits will be assigned based on credit information received.

It is also the policy of MLC to request a copy of the Notice of Commencement and to issue a Notice of Furnishing as necessary on your projects. A Waiver of Lien will be issued on request after all materials have been paid for.

Our terms are Net 10<sup>th</sup> Prox. All materials purchased during the month are due by the 10<sup>th</sup> of the following month.

We look forward to the opportunity of handling your lumber and building material needs. If you have any questions, please contact our offices.

Thank you for your assistance.

MICHIGAN LUMBER COMPANY

René Schroeder  
Financial Manager

Seth Rinks  
Sales Manager

This Agreement and Guaranty hereunder cover purchases made from any division or subsidiary of Michigan Lumber Company ("MLC").

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ IF CURRENT ADDRESS IS LESS  
THAN 1 YR., COMPLETE FOLLOWING:

No. _____	Street _____	No. _____	Street _____
City _____	State _____	City _____	State _____
Zip Code _____		Zip Code _____	

**TYPE OF BUSINESS**

- ☐ CORPORATION  
☐ CO-PARTNERSHIP  
☐ SOLE PROPRIETORSHIP  
☐ INDIVIDUAL APPLICATION  
☐ LIMITED LIABILITY COMPANY

Social Security # \_\_\_\_\_  
Federal ID# \_\_\_\_\_

**BUSINESS BACKGROUND**

CURRENT NAME \_\_\_\_\_ YRS.  
PREVIOUS NAME \_\_\_\_\_  
PO'S REQUIRED ☐ YES ☐ NO

**LICENSE INFORMATION**

# \_\_\_\_\_  
REGISTERED NAME: \_\_\_\_\_  
ATTACH COPY OF CONTRACTOR POCKET  
CARD **REQUIRED**

DRIVER'S LICENSE # \_\_\_\_\_

ARE THERE ANY OUTSTANDING JUDGMENTS AGAINST YOU? ☐ YES ☐ NO

BANK: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

BANK CONTACT: \_\_\_\_\_

**PRINCIPAL OWNERS, STOCKHOLDERS OR GENERAL PARTNERS:**

NAME	ADDRESS	SOCIAL SECURITY #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PRINCIPAL SUPPLIER REFERENCES:**

NAME	ADDRESS	PHONE #	FAX #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SALESMAN \_\_\_\_\_ DATE \_\_\_\_\_

The undersigned authorizes MLC to make all credit inquiries that it deems reasonable and understand that you will retain this application whether or not it is approved and answer questions about your credit experience with me. The information on this form is correct and I understand that you are relying upon this information when deciding to give credit.

**TERMS OF PAYMENT:** ALL INVOICES ARE DUE IN FULL ON THE 10<sup>TH</sup> DAY OF THE FOLLOWING MONTH FROM STATEMENT DATE. A TIME PRICE DIFFERENTIAL OF 1.5% PER MONTH (EFFECTIVE ANNUAL RATE OF 18%) WILL BE ADDED TO ALL PAST DUE AMOUNTS. THE UNDERSIGNED APPLICANTS UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT.

**PRICES:** All price quotations are valid only for materials shipped within 7 days indicated on the quotation or price list. All prices quoted without sales tax. Plans, estimates and take offs are solely estimates and are not guaranteed.

**LIEN DOCUMENTATION:** A Notice of Commencement must be furnished for each new project upon demand by MLC and waivers of lien will be furnished upon full payment.

**NOTICE:** A RESIDENTIAL BUILDER OR A RESIDENTIAL MAINTENANCE AND ALTERATION CONTRACTOR, IS REQUIRED TO BE LICENSED UNDER ARTICLE 24 OF ACT 299 OF THE PUBLIC ACTS OF 1980, AS AMENDED BEING SECTIONS 339.2401 TO 339.2412 OF THE MICHIGAN COMPILED LAWS. AN ELECTRICIAN IS REQUIRED TO BE LICENSED UNDER ACT NO. 217 OF THE PUBLIC ACTS OF 1956 AS AMENDED BEING SECTIONS 338.881 TO 338.892 OF THE MICHIGAN COMPILED LAWS. A PLUMBER IS REQUIRED TO BE LICENSED UNDER ACT NO. 266 OF THE PUBLIC ACTS OF 1929 AS AMENDED BEING SECTIONS 338.901 TO 338.917 OF THE MICHIGAN COMPILED LAWS.

**AGREEMENT TO PAY ATTORNEY FEES:**

The applicant company promises to pay all costs of collection of all obligations of the company to MLC of any type or nature, including but not limited to open account, contract and construction liens, which costs shall include but not be limited to the actual and reasonable attorney fees of MLC incurred in connection with the collection of any past due amounts owed to MLC whether by suit being instituted for such purpose or otherwise. In the event that suit is instituted, the amount of the said attorney fees shall be such that the court having jurisdiction thereof shall determine as reasonable. In the even suit is not instituted, then the amount owed to MLC for attorney fees shall be not less than one-third (1/3) of the amount owed which the applicant company considers to be fair and reasonable.

**SWORN STATEMENT FOR BUSINESS ENTITY LOAN**

THE UNDERSIGNED IS APPLYING FOR AN EXTENSION OF CREDIT IN THE AMOUNT OF \$ [REDACTED] FROM MLC AND THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS ENGAGED IN THE BUSINESS OF PERFORMING CONSTRUCTION SERVICES OF WHICH MLC'S PRODUCT WILL BE USED.

THE UNDERSIGNED MAKES THIS SWORN STATEMENT FOR PURPOSE OF INDUCING MLC TO MAKE AN EXTENSION OF CREDIT TO THE UNDERSIGNED AS A "BUSINESS ENTITY" IN FULL COMPLIANCE WITH THE REQUIREMENTS OF ACT NO. 52 OF PUBLIC ACTS OF 1970 OF THE STATE OF MICHIGAN.

DATED: [REDACTED]

SIGNED: [REDACTED]

**PERSONAL GUARANTEE**

THE UNDERSIGNED JOINTLY AND SEVERALLY, PERSONALLY GUARANTEE THE PAYMENTS OF ANY PURCHASES BY SAID APPLICANT AND/OR CORPORATION, THIS GUARANTEE IS GIVEN IN CONSIDERATION OF, AND AS AN INDUCEMENT FOR THE EXTENSION OF CREDIT TO SAID APPLICANT AND/OR CORPORATION. SHOULD THE WIFE SIGN AS GUARANTOR HEREIN SHE DOES SO BECAUSE SHE IS PERSONALLY INTERESTED IN THE SUCCESS OF THE APPLICANT HEREIN.

**GUARANTOR'S SIGNATURE/HOME ADDRESS:**

\* [REDACTED]  
**NAME (signature)**

[REDACTED]  
**STREET**

[REDACTED] **CITY** [REDACTED] **STATE** [REDACTED] **ZIP CODE**

[REDACTED]  
**PHONE**

\* [REDACTED]  
**NAME (signature)**

[REDACTED]  
**STREET**

[REDACTED] **CITY** [REDACTED] **STATE** [REDACTED] **ZIP CODE**

[REDACTED]  
**PHONE**

**DO NOT SIGN THIS FORM IN BLANK. YOU ARE BOUND BY THIS DOCUMENT.**

## Michigan Sales and Use Tax Certificate of Exemption

**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

☐ One-time purchase.

Order or Invoice Number: \_\_\_\_\_

☐ Blanket certificate.

Expiration Date (maximum of four years): \_\_\_\_\_

☐ Blanket Certificate. Recurring business relationship

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 Resale at Retail. Enter Sales Tax License Number: \_\_\_\_\_

2. ☐ For Lease. Enter Use Tax Registration Number: \_\_\_\_\_

The following exemptions DO NOT require the purchaser to provide a number:

3. ☐ For Resale at wholesale

4. ☐ Agricultural Production. Enter percentage: \_\_\_\_\_%

5. ☐ Industrial Processing. Enter percentage: \_\_\_\_\_%

6. ☐ Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization)

7. ☐ Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization (must provide IRS authorized letter with this form)

8. ☐ Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994 (must provide copy of letter with this form)

9. ☐ Rolling Stock purchased by an Interstate Motor Carrier

10. ☐ 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.*

Type of Business (see codes on page 2)	Business Name
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

The purchaser shall complete all four sections of the exemption certificate to establish a valid exemption claim. A seller must meet a "good faith" standard required by law. "Good faith" means that the seller received a completed and signed Certificate of Exemption from the purchaser. Sellers must retain the exemption certificates for a period of at least four years.

Michigan does not issue "tax exemption numbers". Sellers should not accept a number as evidence of exemption from sales or use tax. A purchaser who claims exemption for "resale at retail" or "for lease" must provide the seller with an exemption certificate and their sales tax license number or use tax registration number.

### 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" 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	Accommodation	09	Transportation
02	Agricultural	10	Utilities
03	Construction	11	Wholesale
04	Manufacturing	12	Advertising, newspaper
05	Government	13	Hospital
06	Rental or leasing	14	Educational
07	Retail	15	501c3 or 501c4
08	Church	16	Other

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.

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