

**Credit Application**

**\*\* IF THIS APPLICATION IS ALTERED IN ANY WAY, IT WILL NOT BE VALID \*\***

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

How long at this address? \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Type of Ownership (Circle One): *Individual* *Partnership* *Corporation*

Name(s) of Owner(s) or Officer(s): \_\_\_\_\_

Name of Business Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ D&B #: \_\_\_\_\_

Approx. Inventory Value: \_\_\_\_\_ Approx. Equipment Value: \_\_\_\_\_

**Line of Credit Requested: \$** *(this must be filled out for processing)*

**OPEN ACCOUNT CREDIT TERMS ARE NET 30 DAYS FROM INVOICE DATE. A SERVICE CHARGE OF 1.5% PER MONTH WILL BE CHARGED ON PAST DUE ACCOUNTS. ALL LEGAL AND COLLECTION COSTS INCURRED DURING COLLECTION OF PAST DUE ACCOUNTS WILL BE PAID BY THE APPLICANT.**

By my signature, I acknowledge I have read and agree to comply with the credit terms listed above.

**\*\*CREDIT APPLICATIONS WILL NOT BE PROCESSED WITHOUT A VALID SIGNATURE\*\***

Owner or Principal Officer (Signature): \_\_\_\_\_

Owner or Principal Officer (Printed Name): \_\_\_\_\_

In consideration of sales to the above open account, I personally guarantee payment for all materials purchased, and any service charges, legal and collection costs incurred on overdue accounts by the above applicant.

Guarantor (Signature): \_\_\_\_\_

Guarantor (Printed Name): \_\_\_\_\_

**Please fax completed Credit Application to (313) 843-8948 for processing, then mail original.**

5450 W. JEFFERSON  
DETROIT, MI 48209-3114  
www.flordrisupply.com

**BUSINESS REFERENCES**

*Please complete the form below and fax back to us with your signed credit application and tax certificate.*

*References are sent out via fax. Please make sure your area codes and fax numbers are current to avoid any delay in opening an account with us.*

1.) Business Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

2.) Business Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

3.) Business Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

4.) Business Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

*\*Although we consider three references sufficient when applying for credit, we suggest you list a fourth as an alternate in case of slow or unresponsive references.*

**MICHIGAN SALES AND USE TAX CERTIFICATE OF EXEMPTION**

**This certificate is invalid unless all four sections are completed by the purchaser**

**Section 1. Check One of the Following:**

- One Time Purchase       Blanket Certificate

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services

made under this certificate from: **FLOR-DRI SUPPLY CO., INC.** 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 One)  
 Internal Revenue Code Section 501(c)(3) and 501(c)(4) Organizations  
 Exempt Letter from the State of Michigan  
 Other (Explain): \_\_\_\_\_

**Section 4. Certification:**

I declare, under penalty of perjury, that the information in 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 in assuming 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.

\_\_\_\_\_  
Purchaser

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Area Code/Telephone Number

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Printed Name                      Date

**A blanket certificate is valid for four years from date of signature unless an earlier expiration date is listed below:**  
Expiration date if less than four years: \_\_\_\_\_