



Credit Application

Purity Cylinder Gases, Inc.
2580 28th ST SW
Wyoming, MI 49509
Phone: 616-532-2375
Fax: 616-532-5626

Grand Rapids, MI
Lansing, MI
Battle Creek, MI
Cadillac, MI
Saginaw, MI
Kalamazoo, MI
Warsaw, IN
Mt. Pleasant, MI
Traverse City, MI
Elkhart, IN

NAME OF BUSINESS _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP + 4: _____

SHIP TO ADDRESS: _____

CITY: _____ STATE: _____ ZIP +4: _____

PHONE NO:(_____) _____ FAX NO:(_____) _____

AP EMAIL _____ PURCHASING E-MAIL _____

TYPE OF BUSINESS: *Corporation, Limited Liability Company, Partnership, Sole Proprietorship* DATE ESTABLISHED: _____
(CIRCLE ONE)

****If you are tax exempt, please fill out the form on the back of the page.**

OFFICERS: (If proprietorship or partnership, list names of owners with home address and social security number)

SUPPLIERS AND BANKS:

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE/FAX/E-MAIL</u>

TERMS: N/30 SERVICE CHARGES OF UP TO 2% PER MONTH WILL BE CHARGED ON ALL PAST DUE BALANCES.
Applicant warrants that this application and information provided herein is present solely for business credit purposes only. The above named firm agrees to pay all reasonable collection, attorney and court fees and any other expenses involved in the collection of charges made under this agreement.

DATE: _____ SIGNATURE: _____ TITLE: _____

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.



PURITY CYLINDER GASES INC.

www.puritygas.com

Since 1938

Phone (616) 532-2375 - Fax (616) 532-5626

Grand Rapids
MI

Kalamazoo
MI

Lansing
MI

Warsaw
IN

Battle Creek
MI

Mt. Pleasant
MI

Cadillac
MI

Traverse City
MI

Saginaw
MI

We have the ability to fax or e-mail invoices to all of our customers. If you would be interested in having your invoices faxed or e-mailed to you, please fill out the form below and return it to Purity at fax # (616) 532-5626.

We would like our invoices Faxed _____ E-Mailed _____

Company Name: _____

Contact Name: _____

Department: _____

Fax Number: _____

E-Mail Address: _____

Phone Number: _____