



Purity Cylinder Gases Inc

2580 28th ST SW

Wyoming, MI 49509

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

CREDIT APPLICATION

NAME OF FIRM: _____

STREET ADDRESS: _____ PO BOX: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP + 4: _____

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

SHIP TO ADDRESS: _____ PO BOX: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP +4: _____

TYPE OF BUSINESS: _____

YEARS ESTABLISHED: _____ IS BUSINESS INCORPORATED: _____

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:

NAME

ADDRESS

TELEPHONE/FAX

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

TO BE RETAINED IN THE SELLER'S RECORDS - DO NOT SEND TO TREASURY.

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 (Note: A blanket certificate is valid for four years from the date of signature unless an earlier expiration date is listed below)
Expiration date, if less than four years: _____.

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made under this certificate from Purity Cylinder Gases 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.

(Vendor's Name)

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

- All items purchased
- Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

- For Resale at Retail - Sales Tax Registration Number: _____
- For Resale at Wholesale - No Tax Number Required
- For Lease - Use Tax Registration Number: _____
- Agricultural Production ____% - No Tax Number Required (Describe): _____
- Industrial Processing ____% - No Tax Number Required
- Government Entity, Nonprofit School, Nonprofit Hospital, and Church (Circle type of organization.)
- Nonprofit Internal Revenue Code Section 501(c)(3) and 501(c)(4) Exempt Organizations (Attach copy of IRS letter ruling).
- Nonprofit Organizations with an Exempt letter from the State of Michigan (Attach a copy of State's letter)
- Multiple Points of Use (claim ONLY for electronically delivered software - purchaser assumes tax payment obligation)
- Direct Mail (delivered to multiple taxing jurisdictions - purchaser assumes tax payment obligation)
- 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.

Purchaser _____ Street Address _____

Area Code / Telephone No. _____ City _____ State _____ Zip Code _____

Signature and Title _____ Date Signed _____

Name (Print or Type) _____



PURITY CYLINDER GASES INC.

www.puritygas.com

Since 1938

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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 _____

Mailed Only _____

Company Name: _____

Contact Name: _____

Department: _____

Fax Number: _____

E-Mail Address: _____

Phone Number: _____