

# BUSINESS CREDIT APPLICATION

Applicant's Legal Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Billing Address (if different than address listed)**  
Street Address: \_\_\_\_\_  
Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Payment Contact Name: \_\_\_\_\_  
Telephone (if different than listed): \_\_\_\_\_  
Fax (if different than listed): \_\_\_\_\_

**Legal Form of Business:**  Sole Proprietor  Partnership  Corporation  
Type of Business: \_\_\_\_\_  
Purchase Orders Required:  Yes  No  
Blanket P.O. Number: \_\_\_\_\_  
Years in Business? \_\_\_\_\_  
Years at Present Location? \_\_\_\_\_  
D & B Rating? \_\_\_\_\_  
Anticipated Monthly Volume: \$ \_\_\_\_\_  
Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SIC Code: \_\_\_\_\_  
Officer/Owner Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Officer/Owner Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Officer/Owner Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Sales Tax Exempt?\*  Yes  No  
\*If exempt, complete the next page and return with application. Sales Tax will be charged if exemption certificate is not completed and returned to Savers Printing.

## BUSINESS REFERENCES

Supplier: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supplier: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supplier: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supplier: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account No.: \_\_\_\_\_  
Account Manager: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Applicant certifies that information supplied is true and correct. Until this application is approved, all shipments are on a COD or prepayment basis. Applicant agrees (1) that invoices are net and due 30 days from invoice date, (2) that any invoiced amounts not paid within thirty days from the date due shall accrue interest at the maximum nonusurious rate permitted by law (currently 18% per annum) from the date due until paid, (3) to pay any and all costs of collection (including without limitation reasonable attorney's fees) incurred by Savers Printing collecting any overdue account, (4) that Savers Printing is authorized to contact the above references as well as any credit reporting services or other sources to determine whether to extend credit to the applicant and to report applicant's payment performance and (5) that the printing trade customs statement attached shall govern our business relationship.

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

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Return application to:** **Savers Printing**  
**4210 Edgeland**  
**Royal Oak, MI 48073**

**Accounts Receivable Department**  
**Telephone: 248-549-9338**  
**Fax: 248-549-9348**

### FOR SAVERS USE ONLY

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ CREDIT LIMIT: \_\_\_\_\_

# MICHIGAN SALES AND USE TAX EXEMPTION

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

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made under this certificate from Savers Printing & Promotional Products 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 1: Check one of the following:**

- One time purchase                       Blanket Certificate\* (number required): \_\_\_\_\_

\*Note: A blanket certificate is valid for three years from the date of signature unless an earlier expiration date is listed below:

Expiration date, if less than three years: \_\_\_\_\_

## **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**

- Church       Non-profit School       Non-profit Hospital       Government Entity  
 Internal Revenue Code Section 501(c)(3) and 501(c)(4) Organizations  
 Exempt letter from the State of Michigan  
 Other (explain): \_\_\_\_\_

## **Section 4: Certification:**

**In the event this claim is disallowed, the purchaser promises to reimburse the seller for the amount of tax involved.**

Purchaser: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

(Area Code) Telephone: \_\_\_\_\_

Signature/Title: \_\_\_\_\_

Name: (Print or Type) \_\_\_\_\_ Date: \_\_\_\_\_