



Credit Application

Company Name			Phone#		
Address			Fax#		
City	State	Zip			
Taxable (Y/N)			Years in Business		
Nature of Business					
President's Name			Phone#		
Treasurer's Name			Phone#		
Purchasing Agent's Name			Phone#		
Purchasing Agent's Email Address					
Bank Information					
Bank Name			Phone#		
Address					
City					
Account#			Checking <input type="checkbox"/>	Saving <input type="checkbox"/>	
Credit References					
Name					
Address			Phone#		
City			Fax#		
Name					
Address			Phone#		
City			Fax#		
Name					
Address			Phone#		
City			Fax#		
Name					
Address			Phone#		
City			Fax#		
We agree to pay within Caniff Electric's terms of sale: Net 30					
Signature			Date		
Printed Name					



**TAX STATUS CERTIFICATE
FOR
MICHIGAN SALES AND USE TAXES**

THIS PAGE MUST BE FILLED OUT IN ORDER TO OPEN ACCOUNT

The undersigned Purchaser or Renter, being fully informed concerning the Michigan Sales and Use Tax Acts and their rules and regulations, hereby certifies that he is either legally subject to such taxes or is entitled to exemption from such taxes, by reason of one or more of the following classifications listed below:

- Subject to State Sales and Use Taxes.

- Exempt, as Sales and/or Use taxes will be paid by us direct to state, based on actual usage.

- Exempt, as Equipment and Parts are to be used in production and/or Industrial Processing.

- Exempt, as in Equipment and Parts are purchased for Resale.
Our Michigan Sales Tax License# is _____

- Exempt, for other reasons, specified below:

The undersigned hereby makes this certificate a part of each order, unless otherwise specified on such order; and agrees to reimburse the seller for any deficiencies imposed by the State of Michigan for any violation of such Rules and Regulations.

This certificate shall remain in effect for the period for which the State of Michigan shall hold the seller liable.

Date	Company Name
Signature	Printed Name



Billing Information (Required for account opening)

Do you require purchase orders to be used? (YES / NO)

Do you require pricing to be printed on packing slips? (YES / NO)

Do you require a monthly statement? (YES / NO)

Can we send your invoices via email? (YES / NO)
Please include email address below.

Do you require any other specific billing procedures? (YES / NO)

If so, please explain. _____

Accounts Payable contact name _____ Phone _____

Accounts Payable email address _____

Office Use Only

Approved by
Date approved
Type
PC
CL
Terms
Acknowledgement Sent
Date