



HILLSDALE TERMINAL

266 Industrial Drive • Hillsdale, Michigan 49242

517-849-2505 or 1-800-447-3150 • Fax: 517-437-0797 • e-mail: missey@hillsdaleterminal.com

NEW CUSTOMER INFORMATION FORM AND CREDIT APPLICATION

-Please complete all information requested.

-Fax back to 517-437-0797 attention CREDIT DEPARTMENT or email to missey@hillsdaleterminal.com

-Please note, our standard credit terms are Net 30 for all approved credit accounts. If you do not wish to fill out a credit application, you will need to complete the new customer information form and provide an authorized credit card for all orders. Please be advised, all credit card orders must be preauthorized before we ship.

-We will not accept incomplete credit applications. Include all forms and documents requested. Incomplete applications will delay processing your application and shipping new orders.

If you have any questions, please contact our credit department by calling 800-447-3150.

Best,

Hillsdale Terminal



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NEW CUSTOMER INFORMATION

Please complete all information below:

Company Name:	
Company Legal Name:	
Billing Address:	
Street Address:	
City, State, Zip Code:	
Shipping Address:	
City, State, Zip Code:	
Phone:	
Fax:	
Email Address:	
Owner/Principal:	
Authorized Contact(s):	
Authorized Contact(s) Email:	
Company Web Address:	
Accounts Payable Name:	
Accounts Payable Email:	
Accounts Payable Phone:	
Preferred Freight Carrier Name	UPS <input type="checkbox"/> FED EX <input type="checkbox"/> USPS <input type="checkbox"/> OTHER <input type="checkbox"/>
Freight Account Number:	
Invoice Delivery Preference:	MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX <input type="checkbox"/>
Remittance Preference:	ACH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> WIRE (\$5 FEE) <input type="checkbox"/>

If you are applying for credit please complete next form. For Credit Card customers, please fill out next portion:

Credit Card Type:	Visa Mastercard American Express Discover
Credit Card #	
Credit Card Exp. Date	

I hereby release and authorize the use of the above credit card to Hillsdale Terminal.

Signature and Title		Date:
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If you are seeking credit terms, please fill out the form below:

CREDIT APPLICATION

Company Legal Name:	
Address:	
City, State, Zip Code:	
Federal Id #:	
D&B / Duns #:	
Years in Business:	
Business Type:	Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/>
Date of Incorporation:	
No of Employees:	
Sales Tax Exempt? (Include Exemption Form):	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other Names Used (Past or Recent):	
Requested Credit Limit:	\$
Bank Reference Name:	
Bank Address:	
Bank Contact Info Name Phone Fax Email	
Trade Reference 1:	
Trade Reference 1 Address:	
Trade Reference 1 Contact Info Name Phone Fax Email	
Trade Reference 2:	
Trade Reference 2 Address:	



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Trade Reference 2 Contact Info Name Phone Fax Email	
Trade Reference 3:	
Trade Reference 3 Address:	
Trade Reference 3 Contact Info Name Phone Fax Email	

AGREEMENT:

By submitting this application, you certify that you have the authority to submit this information and requested credit for this company. If approved, the Standard Terms are Net 30 (unless other terms have been negotiated). Accounts with a past due balance will be charged a service charge of a minimum of \$2.50 on the past due invoices or a 1.5% on past due balances. You agree to pay all invoices within the terms specified. You agree to be responsible to pay all costs and attorney fees incurred in connection with collection of any past due balances on this account. Hillsdale Terminal is hereby authorized to investigate the references listed above concerning the applicant's credit history and financial responsibility.

AUTHORIZED SIGNATURE		DATE:
PRINT NAME AND TITLE		

Michigan Sales and Use Tax Certificate of Exemption

INSTRUCTIONS: 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

- A. One-Time Purchase
Order or Invoice Number: _____
- B. Blanket Certificate. Recurring Business Relationship
- C. Blanket Certificate
Expiration Date (maximum of four years): _____

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 Lease. Enter Use Tax Registration Number: _____
2. For Resale at Retail. Enter Sales Tax License Number: _____

The following exemptions DO NOT require the purchaser to provide a number:

3. Agricultural Production. Enter percentage: _____%
4. Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization).
5. Contractor (must provide *Michigan Sales and Use Tax Contractor Eligibility Statement* (Form 3520)).
6. For Resale at Wholesale.
7. Industrial Processing. Enter percentage: _____%
8. Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization.
9. Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994.
10. Rolling Stock purchased by an Interstate Motor Carrier.
11. Qualified Data Center
12. Direct Pay - Authorized to pay use tax on qualified transactions directly to the State of Michigan under Account Number _____.
13. 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.

Business Name		Type of Business (see codes on page 2)
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 (Form 3372)*

Purchasers may use this form to claim exemption from Michigan sales and use tax on qualified transactions. It is the Purchaser's responsibility to ensure the eligibility of the exemption being claimed. All claims are subject to audit. Non-qualified transactions are subject to tax, statutory penalty and interest.

Sellers are required to maintain records, paper or electronic, of completed exemption certificates for a period of four years. Michigan does not issue "tax exempt numbers" and a seller may not rely on a number for substitution of an exemption certificate. Other documentation that sellers in the State of Michigan may accept are the Uniform Sales and Use Tax Certificate approved by the Multistate Tax Commission, the Streamlined Sales and Use Tax Agreement Certificate of Exemption, the same information in another format from the purchaser, or resale or exemption certificates or other written evidence of exemption authorized by another state or country.

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 Certificate" 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	Accommodations	10	Utilities
02	Agricultural	11	Wholesale
03	Construction	12	Advertising, newspaper
04	Manufacturing	13	Non-Profit Hospital
05	Government	14	Non-Profit Educational
06	Rental or leasing	15	Non-Profit 501(c)(3) or 501(c)(4)
07	Retail	16	Qualified Data Center
08	Church	17	Other
09	Transportation		

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.

THE COMPLETED CERTIFICATE MUST BE RETAINED IN YOUR RECORDS IN THE EVENT OF AN AUDIT.

DO NOT SEND THIS EXEMPTION CERTIFICATE TO THE DEPARTMENT OF TREASURY.