

Satterlund

SUPPLY COMPANY

Specializing in Products for the Piping Industry

APPLICATION FOR CREDIT

PLEASE COMPLETE AND FAX BACK TO 586-755-8925 OR TammyC@Satterlund.com

Full Name of Business _____

Billing Address _____

City, State, Zip Code _____

Phone Number _____ Fax Number _____

Shipping Address (if different) _____

City, State, Zip Code _____

D & B No. _____ Federal Tax ID _____

Nature of Business (check one) () Contractor () OEM () Other

Account Payable Email _____

Account Payable Contact Name _____

TRADE CREDIT REFERENCES

1. Name _____ Phone _____

City, State, Zip _____

Fax _____ Contact Name _____

2. Name _____ Phone _____

City, State, Zip _____

Fax _____ Contact Name _____

3. Name _____ Phone _____

City, State, Zip _____

Fax _____ Contact Name _____

[For Satterlund Office Use Only: Territory _____)

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SALES TAX STATUS CERTIFICATE

To: Satterlund Supply Company
26277 Sherwood Avenue
Warren, MI 48091

Please fax to Satterlund @ (586) 755-8925
Or email to TammyC@Satterlund.com

From: _____

This is to advise you that our Michigan Sales Tax Status is:

- Taxable
- Non-Taxable for the following reasons:
 - Industrial Processing**
 - Government Agency**
 - Exempt Institution** (Please enclose a copy of an exemption certificate)
 - Non-profit Organization**
 - Other (Please explain) _____

This certificate shall be considered as a part of each order placed during the Calendar year of **2014** unless otherwise specified on our order and is to continue in force until the end of such year.

If the undersigned uses or consumes property obtained under this certificate (as not taxable) other than as specified, we will report and pay the tax due thereon directly to the State of Michigan.

Resale Tax Number _____

Federal Tax ID Number _____ - _____

I have read the Satterlund terms and conditions and agree to abide by them.

Signed by: _____ Title: _____ Date: _____

[Satterlund office use only: Account# _____]