



Eclipse Distributing Dealer Credit Application

Please complete the following application thoroughly. Credit terms considered after receipt of completed application.

COMPANY INFORMATION

Name of Company _____ Referred by _____
 Billing Address _____ City _____ State _____ ZIP _____
 Shipping Address _____ City _____ State _____ ZIP _____
 Telephone # _____ Fax # _____
 Approx. Gross Annual Sales \$ _____ Date Business Established _____
 Ownership Type: ___ Corporation ___ LLC ___ Partnership ___ Proprietorship Federal Tax ID # _____
 Name(s) of Owners/Principals/Shareholders
 Name _____ Title _____ S.S. # _____
 Home Address _____ Phone # _____
 Name _____ Title _____ S.S. # _____
 Home Address _____ Phone # _____
 Accounts Payable Contact _____ Email Address _____
 Sales / Promo Contact _____ Email Address _____

BANK REFERENCE

Bank Name _____ Type of Account _____
 Address _____ City _____ State _____ ZIP _____
 Contact Person _____ Phone # _____
 Savings Account # _____ Checking Account # _____

TRADE REFERENCES

Name of Company _____
 Street Address _____ City _____ State _____ ZIP _____
 Business Phone # _____ Business Fax # _____
 Name of Company _____
 Street Address _____ City _____ State _____ ZIP _____
 Business Phone # _____ Business Fax # _____
 Name of Company _____
 Street Address _____ City _____ State _____ ZIP _____
 Business Phone # _____ Business Fax # _____

SECURITY & GUARANTEE

I, _____, residing at _____, for and in consideration of your extending credit at my request to _____ (hereinafter referred to as the "Company"), of which I am authorized as its _____ (owner/shareholder), hereby personally guarantee payment to ecensys, LLC dba Eclipse Distributing of Grand Rapids in the state of Michigan for any obligation of the Company and hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment, and notice thereof and consent to any modification or renewal of credit agreement hereby guaranteed. In the event of default I hereby consent to legal action against me to be conducted in the state of Michigan in a court of law in the county of Kent.

Date _____ Signature _____ Credit Desired _____

When completed, please Fax to **616-301-2061** or email to **sales@eclipsedistributing.com**

Michigan Sales and Use Tax Certificate of Exemption

DO NOT send to 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: CHECK ONE OF THE FOLLOWING

- One time purchase
Order or Invoice #: _____
- 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)

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

SECTION 3: BASIS FOR EXEMPTION CLAIM (Check one of the following)

- For Resale at Retail - Sales Tax License Number: _____
- For Lease - Use Tax Registration Number: _____
- The following exemptions DO NOT require the purchaser to provide a number:**
- For Resale at Wholesale
- Agricultural Production ____%
- Industrial Processing ____%
- Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization.)
- Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organizations (must provide IRS authorized letter with this form.)
- Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994 (must provide copy of letter with this form)
- Rolling Stock purchased by an Interstate Motor Carrier
- 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.

Type of Business (see codes on page 2)	Business Name
Business Address	City, State, ZIP Code
Business Telephone Number (include area code)	Name (Print or Type)
Signature and Title	Date Signed

Instructions for Completing Form 3372, Michigan Sales and Use Tax Certificate of Exemption

The purchaser shall complete all four sections of the exemption certificate to establish a valid exemption claim. A seller must meet a “good faith” standard required by law. “Good faith” means that the seller received a completed and signed Certificate of Exemption from the purchaser. Sellers must retain the exemption certificates for a period of four years.

Michigan does not issue “tax exemption numbers”. Sellers should not accept a number as evidence of exemption from sales or use tax. A purchaser who claims exemption for “resale at retail” or “for lease” must provide the seller with an exemption certificate **and** their sales tax license number or use tax registration number.

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” and enter the expiration date. The maximum is four years.

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 | Accommodation | 09 | Transportation |
| 02 | Agricultural | 10 | Utilities |
| 03 | Construction | 11 | Wholesale |
| 04 | Manufacturing | 12 | Advertising, newspaper |
| 05 | Government | 13 | Hospital |
| 06 | Rental or leasing | 14 | Educational |
| 07 | Retail | 15 | 501c3 or 501c4 |
| 08 | Church | 16 | Other |

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.

DO NOT SEND EXEMPTION CERTIFICATE TO THE DEPARTMENT OF TREASURY.