

PACE TRAILER SALES & SERVICE, INC.
 8788 Byron Commerce Drive, Byron Center, MI 49315
 Phone (616) 878-7900 Fax (616) 878-7901

CREDIT APPLICATION – [] Service Shop, [] Parts, [] Rental/Leasing, [] All

Name of Business _____ Years in Business _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Billing Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Mobile _____
 Federal ID# _____ Tax Exempt # _____ ICC # _____

★ Email _____

Closest Relative (not living with you): _____ Relationship: _____
 Phone: _____ Address: _____

TYPE OF ORGANIZATION

CORPORATION

Name _____ SSN# _____
 Title _____
 Name _____ SSN# _____
 Title _____
 Name _____ SSN# _____
 Title _____
 Incorporation Date _____ State _____
 Person Authorized to Sign _____

PARTNERSHIP

Partner's Name _____
 Address _____
 City _____ State/Zip _____
 Phone _____ SSN# _____
 Partner's Name _____
 Address _____
 City _____ State/Zip _____
 Phone _____ SSN# _____

LIMITED LIABILITY COMPANY

Name _____ SSN# _____
 Address _____
 Name _____ SSN# _____
 Address _____
 Name _____ SSN# _____
 Address _____
 Name _____ SSN# _____
 Address _____
 Incorporation Date _____
 State _____
 Person Authorized to Sign _____

PROPRIETORSHIP

Name _____
 SSN# _____
 Address _____
 City _____
 State/Zip _____
 Phone _____
 Spouse's Name _____
 SSN# _____

Years in Business _____ # of Vehicles in Fleet _____ Real Estate: ___ Rent ___ Own
 Bankruptcy ___ yes ___ no Repossession ___ yes ___ no Suits, Liens, Judgments ___ yes ___ no
 Vehicles will be Located in (City & State) _____ Drivers License # _____
 Do you require Purchase Order Numbers with each purchase? ___ yes ___ no
 Type of business _____

Insurance Agency _____ Policy # _____

Contact Name _____ Phone # _____ Fax # _____

PACE TRAILER SALES & SERVICE, INC.
Credit Application Continued

BANK REFERENCES

Bank Name _____	Account # _____
Address _____	Contact Person _____
Phone # _____	Fax # _____
Bank Name _____	Account # _____
Address _____	Contact Person _____
Phone # _____	Fax # _____

CREDIT REFERENCES

Name	Phone Number	Fax Number *REQUIRED
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

We hereby certify that the above information is correct and understand that ***Pace Trailer Sales & Service, Inc.*** or it's assignees is authorized to contact any references or banks listed above or by requesting credit information from other reporting agencies. In consideration of the credit extended to the above named company, I personally guarantee timely payments to ***Pace Trailer Sales & Service, Inc.***, of all amounts now owing and hereafter accruing by the company, jointly and severally, with all other persons liable. The company agrees that if any amount owing is not timely paid, the company/applicant shall pay on all amounts owed, a finance charge of 1.5% per month, including actual reasonable attorney fees and collection costs.

Signed By: _____

Print Name: _____

Date: _____

Signed By: _____

Print Name: _____

Date: _____

Signed By: _____

Print Name: _____

Date: _____

Signed By: _____

Print Name: _____

Date: _____

If sales tax exempt, you must fill out the attached exemption certificate and include a copy of your ICC authorization if applicable.

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 Blanket certificate. Expiration date, maximum of four years: _____
 Order or Invoice #: _____

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
 Agriculture Production _____ %
 Industrial Processing _____ %
 Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization.)
 Nonprofit Internal Revenue Code Section 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	501c 3 or 501c 4
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.