

APPLICATION FOR CREDIT



The following information must be complete.
PLEASE PRINT CLEARLY

Name _____

Type of Business _____

Street _____ P.O. Box _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Tax ID or SSN _____

Tax Exempt Yes No
If yes, please fill out certificate on reverse side.

Referred by: _____

Established in _____

Corporation

Government Agency

Partnership

Not for Profit Agency

Limited Partnership

Individual

Proprietorship

Other _____

Names of Owners/Partners

Others Authorized to Charge

Name _____	Title _____
Name _____	Title _____

Name _____	Title _____
Name _____	Title _____
Name _____	Title _____

Accounts Payable Contact: _____ Phone (if different from above) _____

References:	Name	Contact	Phone	Acct #	Type
Bank:					
Supplier:					
Supplier:					
Supplier:					

Payment Terms: Net 30 from statement date. If payment is not made in accordance with terms, applicant will also be responsible for reasonable attorney fees and court costs associated with collecting past due debt.

I fully understand that it is a Federal Crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable by law. I authorize you to verify the references provided to you on this application and I furthermore agree to pay according to terms.

_____ Signature	_____ Title	_____ Date
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Payment of any obligation incurred as a result of the National Group extending credit on the basis of this application is personally guaranteed by me.

Your Signature (Owner, Partner, Officer) Date

Home Address

Indiana Department of Revenue
General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. **This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft.** Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue.

Section 1 (print only)

Name of Purchaser _____

Business Address _____ City _____ State _____ Zip _____

Purchaser must provide minimum of one ID number below.*

Provide your Indiana Registered Retail Merchant's Certificate
TID and LOC Number as shown on your Certificate..... _____ - _____
TID# (10 digits) LOC# (3 digits)

If not registered with the Indiana DOR, provide your State Tax
ID Number from another State..... _____
*See instructions on the reverse side if you do not have either number. State ID# State of Issue

Section 2

Is this a blanket purchase exemption request or a single purchase exemption request? (check one)

Description of items to be purchased. _____

Section 3

Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)

Sales to a retailer, wholesaler, or manufacturer for **resale** only.

Sale of manufacturing machinery, tools, and equipment to be used directly in direct **production**.

Sales to **nonprofit organizations** claiming exemption pursuant to Sales Tax Information Bulletin #10.
(May not be used for personal hotel rooms and meals.)

Sales of tangible personal property predominately used (greater than 50 percent) in providing **public transportation** - provide USDOT#. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a **school bus operator**, must provide their SS# or FID# in lieu of a State ID# in Section #1. USDOT# _____

Sales to persons, occupationally engaged as farmers, to be used directly in production of **agricultural** products for sale.
Note: A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.

Sales to a **contractor** for exempt projects (such as public schools, government, or nonprofits).

Sales to **Indiana Governmental Units** (agencies, cities, towns, municipalities, public schools, and state universities).

Sales to the **United States Federal Government** - show agency name. _____
Note: A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in lieu of a State ID#.

Other - explain. _____

Section 4

I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.

I confirm my understanding that misuse, (either negligent or intentional), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.

Signature of Purchaser _____ Date _____

Printed Name _____ Title _____

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.
Seller must keep this certificate on file to support exempt sales.