



# ACCOUNT APPLICATION



The following information must be complete.

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: \_\_\_\_\_

## Names of Owners/Partners

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

## Authorized Users

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone (if different from above) \_\_\_\_\_

Email \_\_\_\_\_

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 agree to pay according to these terms.

*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

\_\_\_\_\_  
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)
Section 2	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
	Is this a <input type="checkbox"/> blanket purchase exemption request or a <input type="checkbox"/> 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)	
	<input type="checkbox"/>	Sales to a retailer, wholesaler, or manufacturer for <b>resale</b> only.
	<input type="checkbox"/>	Sale of manufacturing machinery, tools, and equipment to be used directly in direct <b>production</b> .
	<input type="checkbox"/>	Sales to <b>nonprofit organizations</b> claiming exemption pursuant to Sales Tax Information Bulletin #10. (May not be used for personal hotel rooms and meals.)
	<input type="checkbox"/>	Sales of tangible personal property predominately used (greater than 50 percent) in providing <b>public transportation</b> - provide USDOT#. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a <b>school bus operator</b> , must provide their SS# or FID# in lieu of a State ID# in Section #1. USDOT# _____
	<input type="checkbox"/>	Sales to persons, occupationally engaged as farmers, to be used directly in production of <b>agricultural</b> products for sale. <b>Note:</b> A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.
	<input type="checkbox"/>	Sales to a <b>contractor</b> for exempt projects (such as public schools, government, or nonprofits).
	<input type="checkbox"/>	Sales to <b>Indiana Governmental Units</b> (agencies, cities, towns, municipalities, public schools, and state universities).
<input type="checkbox"/>	Sales to the <b>United States Federal Government</b> - show agency name. _____ <b>Note:</b> A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in lieu of a State ID#.	
<input type="checkbox"/>	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, ( <i>either negligent or intentional</i> ), 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.**