



DEALER APPLICATION

Custom Blind Fabricators

www.cbfab.com

Office: 586-754-4405 · Fax: 586-754-4406

22525 Hoover Rd. · Warren, MI 48089

COMPANY INFORMATION		TRADE REFERENCES	
Company Name		1. Company Name	Account #
Business Address		Phone	Fax
Mailing Address (if different)		2. Company Name	Account #
Phone		Phone	Fax
Federal Tax I.D. #		3. Company Name	Account #
State Tax I.D.#		Phone	Fax
Date Established		<input type="checkbox"/> Credit Limit Requested \$	
Type of Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation		<input type="checkbox"/> COD Desired	
<input type="checkbox"/> Subsidiary of <input type="checkbox"/> Division of		BANK REFERENCE	
Nature of Business		Name of Bank	
State of Incorporation		Phone #	Fax #
Number of Employees		Account #	

NAME	EMAIL ADDRESS
President	
Purchasing	
Payables	
<p>You Must Sign and Complete All Four Sections of The Michigan State Sales Tax Exemption Certificate on page 2 to Avoid Being Charged Michigan Sales Tax.</p> <p>OUT OF STATE Michigan Sales Tax Exemption I am exempt from Michigan Sales Tax: Resale # _____ in the State of _____ Signed _____ Dated _____</p>	
<p>Would You Like Your Invoice Faxed To You? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would You Like Your Invoice Emailed To You? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do You Require a Purchase Order for Each Purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

In submitting this application of credit, the Purchaser acknowledges receipt of Custom Blind Fabricator's Credit Policies and agrees to abide by them. Most importantly, the Purchaser agrees to pay all invoices within 20 days from the date of the invoice or from when the goods are shipped, whichever is later. The Purchaser is aware that Custom Blind Fabricators will add a charge of 1½ % per month (annual rate of 18%) for all invoices over 30 days old. Should the Purchaser not pay invoices when they are due, new orders will not be produced until the past due amounts are paid and any orders currently being made will be shipped COD. Should CBF have to utilize an outside collection agency or an attorney to collect a past due balance, the Purchaser will be liable for any and all fees. The Purchaser agrees that all business transactions are entered into in the State of Michigan. The enforcement and interpretation of these transactions shall be governed by the laws of Michigan. Purchaser agrees that any legal or equitable action for claims, debts or obligations arising out of or to enforce the terms of these transactions may be brought in any County Court of Law or State District Court sitting in Oakland, or Macomb County, Michigan, and those courts shall have personal jurisdiction over the parties and Venue of the action.

SIGNATURE _____ **TITLE** _____ **DATE** _____
(This application must be signed by a Corporate Officer, Partner, or Business Owner.)

FOR CUSTOM BLIND FABRICATORS OFFICE USE ONLY: Q S P N D				SC	RS	RH	PM	GC	D	AM	
Approved by	Date	Credit Limit	Terms	Other							



Michigan Sales and Use Tax Certificate of Exemption

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, if less than four years

The purchaser hereby claims exception on the purchase of tangible personal property and selected services made under this certificate from Custom Blind Fabricators and certifies that this claim is based upon the purchaser's proposed use of the items or services, or the status of the purchaser.

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

- All items purchased, Limited to the following items:

SECTION 3: BASIS FOR EXEMPTION CLAIM

- For Resale at Retail - Sales Tax Registration Number, For Resale at Wholesale - No Number Required, For Lease - Use Tax Registration Number, Agricultural Production - No Number Required (Describe), Industrial Processing - No Number Required, Government Entity - Nonprofit School - Nonprofit Hospital - Church (Circle type of organization), Nonprofit Internal Revenue Code Section 501 (c)(3) and 501 (c)(4) Exempt Organizations (Attach a copy of IRS letter ruling), Nonprofit Organizations with an Exempt Letter from the State of Michigan (Attach a copy of State's letter), 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 accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Company Name

Telephone Number

Street Address

City State Zip Code

Signature and Title

Date Signed

Name (Print or Type)

Social Security No. or FEIN