

Sales • Design • Service Pneumatic & Hydraulic

Main Office
5506 36th Street SE
Grand Rapids, MI 49512
Phone (616) 942-1060
Fax (616) 942-5464

Westside Location
600 Scribner Ave NW,
Grand Rapids, MI 49504
Phone (616) 776-0008
Fax (616) 776-0819

St Joseph Location
1656 Hilltop Road
St Joseph, MI 49085
Phone (269) 983-2501
Fax (269) 983-2508

Traverse City Location
1422 Trade Centre
Traverse City, MI 49696
Phone (231) 933-1107
Fax (231) 933-1109

BUSINESS NAME _____ DATE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ FAX # _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

WEBSITE _____

TYPE OF BUSINESS _____

YEARS IN BUSINESS _____ FED ID# _____

PRESIDENT/OWNER _____ # OF EMPLOYEES _____

BUSINESS TYPE: CORPORATION ____ PARTNERSHIP ____ INDIVIDUAL ____ OTHER ____

BUSINESS REFERENCES : PLEASE INCLUDE NAME, ADDRESS, PHONE & FAX

1. NAME _____ YEARS DOING BUSINESS WITH _____

ADDRESS _____

PHONE # _____ FAX# _____

2. NAME _____ YEARS DOING BUSINESS WITH _____

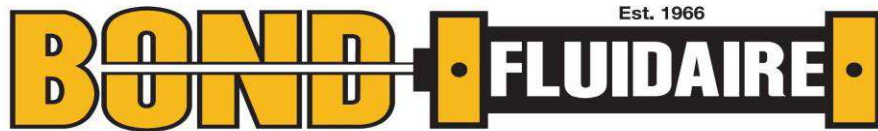
ADDRESS _____

PHONE # _____ FAX# _____

3. NAME _____ YEARS DOING BUSINESS WITH _____

ADDRESS _____

PHONE # _____ FAX# _____



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BANK REFERENCE

BANK _____ ACCT OFFICER _____

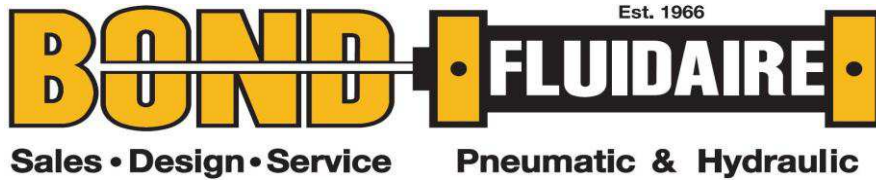
ADDRESS _____ PHONE # _____

CITY _____ STATE _____ ZIP _____

The undersigned company representative authorizes Bond Fluidaire Inc to make the necessary inquiries with the above named sources to open an account. It further understands that payments will be made within the terms stated on our invoices. 1% 10 days, Net 30 days. In the event of default, you are responsible for any and all actual collection costs, attorney fees and expenses to collect the past due amount owed.

SIGNED BY: _____ **TITLE** _____

PRINTED NAME _____



In the event BOND FLUIDAIRE, INC. does not receive payment in full for invoices over 60 days, I hereby give permission to have my credit card charged for the past due invoice(s) only. BOND FLUIDAIRE, INC will then send you a receipt of payment for all invoices paid in such transaction.

Please Circle Type of Credit Card:

VISA MASTERCARD AMEX

Card Number: _____

Expiration Date: _____

Name as it appears on card:

Signature: _____

Date: _____

Thank you in advance for your cooperation in this matter. We appreciate your business and look forward to a successful business relationship.

Regards,

BOND FLUIDAIRE INC

Michigan Sales and Use Tax Certificate of Exemption

INSTRUCTIONS: DO NOT send to the Department of 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: TYPE OF PURCHASE

- A. One-Time Purchase
Order or Invoice Number: _____
- C. Blanket Certificate
Expiration Date (maximum of four years): _____
- B. Blanket Certificate. Recurring Business Relationship

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 Lease. Enter Use Tax Registration Number: _____
- For Resale at Retail. Enter Sales Tax License Number: _____

The following exemptions DO NOT require the purchaser to provide a number:

- Agricultural Production. Enter percentage: _____%
- Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization).
- Contractor (must provide *Michigan Sales and Use Tax Contractor Eligibility Statement* (Form 3520)).
- For Resale at Wholesale.
- Industrial Processing. Enter percentage: _____%
- Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization (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.
- Qualified Data Center
- 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.

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