



Creative Media • Lansing Printing • Mailsource

619 E. Hazel St. • Lansing, MI 48912
Telephone 517/485-5700 • Fax 517485-0202

CREDIT APPLICATION

Date: \_\_\_\_\_

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If Company, Type of Ownership \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual

Principal Owners \_\_\_\_\_

Application for credit is hereby made and the following references given. It is understood this information will be held in strictest confidence and used only by your Credit Department.

BANKS (CHECKING ACCOUNT)

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Account Number \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

BANKS (CHECKING ACCOUNT)

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Account Number \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

BUSINESS REFERENCES WHERE CREDIT NOW EXTENDED

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

We understand your normal credit terms are Net 30 days and agree to abide by them.

In making this application for credit I also understand that after an investigation has been made, I may receive a statement of credit terms for various stated reasons. If the change or denial is based on adverse information given from an outside source other than a consumer reporting agency. I have the right to make a written request, within 60 days of receipt of that statement, for the disclosure of the nature of the adverse information, however, the source will remain confidential.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FOR CREDIT DEPARTMENT USE ONLY**

Credit O.K.'d with Normal Terms \_\_\_\_\_

Credit O.K.'d with Special Terms stated \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Credit Denied \_\_\_\_\_

Reasons Stated \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Statement of credit denial or change of normal terms send on (date) \_\_\_\_\_

Letter of credit acceptance sent (date) \_\_\_\_\_



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**EXEMPTION CERTIFICATE**

The undersigned purchaser hereby makes claim for exemption from Michigan Sales tax for the reason checked below, and agrees to reimburse the seller if such purchase is later determined taxable by the Michigan Department of Treasury.

Date \_\_\_\_\_

Invoice# \_\_\_\_\_

Purchaser's Name, Address & Phone # \_\_\_\_\_

Tax I.D.# \_\_\_\_\_

Type of Exemption Claimed:

- Resale, Sales Tax number with alpha prefix required \_\_\_\_\_  
Items(s) are to be resold in connection with a business and the proceeds of the sale are included in the gross sales being reported for sales tax.
  
- Industrial Processing. How is the product used in your operation and what type of product is manufactured?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Tax Exempt Institution or Agency - Item(s) is or are to be used or consumed in connection with the operation of a:
  - School or Church
  - Hospital
  - Institutions operated by governmental agencies for educational, benevolent, or charitable purposes
  - Government Unit
  - Other - A copy of letter of exemption from MI Dept. of Treasury must be attached.  
It is also certified that the consideration for this purchase moves entirely from the funds of the designated institution or agency, and that the item is not resold nor donations requested for its use.
  
- Agricultural Production by a farmer.
  
- For use by contractors in affixing to realty of non-profit hospitals or non-profit housing. Name of unit? \_\_\_\_\_
  
- Other. Please explain. \_\_\_\_\_  
\_\_\_\_\_

Please indicate if item purchased will be resold (  ) or consumed (  ) by the purchaser himself.

Signature of Purchaser \_\_\_\_\_ .

Title \_\_\_\_\_ .



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ATTENTION:  
CREDIT DEPARTMENT

DATE:

CONFIDENTIAL INQUIRY FOR

RE: \_\_\_\_\_  
(Company Name)

**FROM:** Foresight Group  
619 E. Hazel Street  
Lansing, MI 48912

**TO:** \_\_\_\_\_  
(Bank's Name)

**RE:** Bank Account Number: \_\_\_\_\_

I am applying for an open line of credit with Foresight Group, therefore authorizing you to release to Foresight Group the information they are requesting.

Thank you for your assistance in this matter.

**Date:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Authorized Signature on the Bank Acct.:** \_\_\_\_\_