



Acme Engineering & Manufacturing Corporation

P.O. Box 978, Muskogee, Oklahoma 74402 Ph: 918-682-7791 Fax: 918-684-0541

APPLICATION FOR CREDIT

In making this application, I/we understand that all accounts, unless otherwise arranged, are payable on or before the net due date as shown on each invoice. If not paid on or before said due date, the account is then delinquent.

TERMS: NET, NO DISCOUNT, DUE 30 DAYS FROM DATE OF INVOICE

TRADE NAME _____

ADDRESS _____
(Street) (City, State and Zip)

PHONE _____ FAX NUMBER _____

E-MAIL ADDRESS _____

**Please provide your sales tax exemption number _____
(Exemption certificate must be attached or Multijurisdiction Uniform Sales & Use Tax Certificate must be completed)**

SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

FEDERAL IDENTIFICATION NUMBER _____ - _____
OR

YEARS IN BUSINESS _____

APPROXIMATE CREDIT LINE REQUESTED _____ (See note below)

SIGNED _____ (Date) _____

TITLE _____

This may be used as an authorization to secure credit information as requested.

Note:

1. Please complete reference sheet on reverse side.
2. **Please submit a financial statement. (Required for a requested credit line of \$25,000 or more.)**



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TRADE REFERENCES**

PLEASE TYPE OR PRINT PLAINLY

(1) _____
(Company Name)

(Street Address)

(City, State & Zip)

PHONE _____ FAX _____

(2) _____
(Company Name)

(Street Address)

(City, State & Zip)

PHONE _____ FAX _____

(3) _____
(Company Name)

(Street Address)

(City, State & Zip)

PHONE _____ FAX _____

BANK NAME _____

(Street Address)

(City, State & Zip)

(Contact Person)

Authorization for Release of Credit Information on Account
No. _____

(Authorized Signature)

(Title)

(Company Name)

PHONE _____ FAX _____

****REFERENCES SHOULD BE IN LIKE AMOUNT OF THE CREDIT LINE REQUESTED FROM ACME.**

INTERNAL USE ONLY	
<u>MARKET</u>	<u>SALES MANAGER</u>
AG _____	Nick Evins _____
HORT _____	Bobby Harris _____
NCM _____	Jerry Maxey _____
OEM _____	

UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: _____

Address: _____

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged as a registered

Wholesaler

Retailer

Manufacturer

Seller (California)

Lessor (see notes on pages 2-4)

Other (Specify) _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹	_____	MO ¹⁶	_____
AR	_____	NE ¹⁷	_____
AZ ²	_____	NV	_____
CA ³	_____	NJ	_____
CO ⁴	_____	NM ^{4,18}	_____
CT ⁵	_____	NC ¹⁹	_____
DC ⁶	_____	ND	_____
FL ⁷	_____	OH ²⁰	_____
GA ⁸	_____	OK ²¹	_____
HI ^{4,9}	_____	PA ²²	_____
ID	_____	RI ²³	_____
IL ^{4,10}	_____	SC	_____
IA	_____	SD ²⁴	_____
KS	_____	TN	_____
KY ¹¹	_____	TX ²⁵	_____
ME ¹²	_____	UT	_____
MD ¹³	_____	VT	_____
MI ¹⁴	_____	WA ²⁶	_____
MN ¹⁵	_____	WI ²⁷	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____

(Owner, Partner or Corporate Officer)

Title: _____

Date: _____