

**Please fill out this form completely and return with your Tax ID Form to Attn: Customer Service**

Company Name: _____	Company Name: _____						
<b>Billing Address:</b> _____	<b>Ship to Address:</b> _____						
City, State, Zip: _____	City, State, Zip: _____						
Phone Number: _____	Phone Number: _____						
Fax Number: _____	Fax Number: _____						
A/P Contact: _____	Email: _____						
A/P Phone: _____	A/P Fax: _____						
Method for Invoicing: _____							
<table border="1" style="margin-left:auto; margin-right:auto;"> <tr> <td style="text-align:center">Email</td> <td style="text-align:center">Fax</td> </tr> <tr> <td style="text-align:center"><small>Check Method Box</small></td> <td style="text-align:center"></td> </tr> </table>	Email	Fax	<small>Check Method Box</small>				
Email	Fax						
<small>Check Method Box</small>							
Buyer Contact: _____	Email: _____						
Buyer Phone: _____	Buyer Fax: _____						
Method of Delivery: _____	Delivered/Our Truck						
<table border="1" style="margin-left:auto; margin-right:auto;"> <tr> <td style="text-align:center">Pick up</td> <td style="text-align:center">UPS</td> <td style="text-align:center">Delivered/Our Truck</td> </tr> <tr> <td style="text-align:center"><small>Check Method Box</small></td> <td style="text-align:center"></td> <td style="text-align:center"></td> </tr> </table>	Pick up	UPS	Delivered/Our Truck	<small>Check Method Box</small>			Preferred Freight Carrier Line: _____
Pick up	UPS	Delivered/Our Truck					
<small>Check Method Box</small>							
Delivery Receiving Hours: _____							

Number of Years in Business: _____	Type of Business (check)
Line of Credit Requested \$ : _____	Sole Proprietorship: <input type="checkbox"/>
Initial Opening Order \$: _____	Partnership: <input type="checkbox"/>
Federal Tax ID Number: _____	Corporation: <input type="checkbox"/>
Principle Name: _____	Title: _____
Social Security # _____	State of Residence: _____
Controller Name: _____	Phone # : _____
Accts. Payable: _____	Phone # : _____
Has the firm or any of its Principals ever been bankrupt?    YES    NO	
If yes, please explain: _____	

**Trade References** (name major suppliers of products/services, no credit card companies, banks or personal references)

Business Name: _____	Address: _____
City: _____	State: _____ Zip: _____
Contact Name: _____	Phone: _____ Fax: _____
Business Name: _____	Address: _____
City: _____	State: _____ Zip: _____
Contact Name: _____	Phone: _____ Fax: _____
Business Name: _____	Address: _____
City: _____	State: _____ Zip: _____
Contact Name: _____	Phone: _____ Fax: _____

*Invoices are due & payable within 15 days of invoice date. Statements will be sent monthly on balances 30-days and beyond. Mark-Pack, Inc. and Nagel Shippers reserves the right to add 1.5% per month finance charge (18% annum) on past due accounts. Upon default of terms & conditions, applicant agrees to pay any collection costs incurred by Mark-Pack, Inc. and Nagel Shippers in the collection of the balance amount, including any reasonable attorney fees. The undersigned, as an inducement to grant credit, warrants that the information submitted is true & correct, and is authorizing Mark-Pack, Inc. and Nagel Shippers to investigate the credit references provided.*

_____	_____
(printed name and title)	(signature)
_____	_____
(printed name and title)	(signature)

## Tax Identification Form

***We are required to have this form signed and on file for all of our customers.  
Please fill out completely and return with your credit application to:***

776 Main St., Coopersville, MI 49404      FX 616.837.5450      custserv@markpackinc.com  
1253 South Water St., Saginaw, MI 48601      FX 989.753.3044      custserv@nagelshippers.com

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Blanket:       Single Purchase:

***Please mark (X) in appropriate spaces below:***

<input type="checkbox"/>	Taxable for all purchases
<input type="checkbox"/>	Direct Payment to the state
<input type="checkbox"/>	Church, Hospital, etc.
<input type="checkbox"/>	Non-Profit Entity <i>(must submit Department of Treasury authorization)</i>
<input type="checkbox"/>	Industrial Processing
<input type="checkbox"/>	Agricultural Processing
<input type="checkbox"/>	Federal, State, Cities, etc.
<input type="checkbox"/>	Resale <i>(requires sales tax number)</i> _____

I hereby certify under the penalties of perjury, that the property that is to be 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. I hereby agree to reimburse the seller for any deficiencies imposed by the state for violation of such rules and regulations. This certificate shall remain in force and considered a part of each order unless otherwise specified or revoked in writing.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

If you have any questions on how or why this forms needs to be filled out, please call 616-837-5400.