

Schupan Aluminum Sales
4200 Davis Creek Court
Kalamazoo, MI 49001
Ph. 269-382-3434 or 1-800-531-3434

Date: _____

Information Provided By: _____

Business Name _____ For Past _____ years
Address _____ (street) _____ (city) _____ (state) _____ (zip code)
Shipping Address _____ (street) _____ (city) _____ (state) _____ (zip code)
Telephone Number _____ Fax Number _____
D/B/A _____ County _____
Former Business Address (if applicable) _____ Federal Tax ID Number _____
Email Address _____
Type of Business _____ How Long In Business _____
Doing business with other Schupan Divisions? : _____ If so, which one _____
Line of Credit Requested _____ Present Balance _____

OWNERSHIP: ___ Sole Owner ___ Partnership ___ Corporation or LLC
Principal: _____ (Name) _____ (Title) _____ (SSN) _____ (Home Address)
Principal: _____ (Name) _____ (Title) _____ (SSN) _____ (Home Address)
Principal: _____ (Name) _____ (Title) _____ (SSN) _____ (Home Address)

TRADE REFERENCES - Name suppliers of major products and services:
NAME ADDRESS/PHONE & FAX NUMBER

BANK REFERENCES

(Name)	(Address)	(City, State, Zip)	(Contact)
(Name)	(Address)	(City, State, Zip)	(Contact)
(Name)	(Address)	(City, State, Zip)	(Contact)

OTHER SIGNIFICANT BUSINESS DEBTS:

(Name)	(Address)	(Balance Due)
(Name)	(Address)	(Balance Due)
(Name)	(Address)	(Balance Due)
(Name)	(Address)	(Balance Due)

Person to Contact About Account: _____

Has the firm or any of its Principals ever been bankrupt? ___Yes ___No

If Yes, Explain _____

Mortgage Holder / Landlord _____

Address _____ Phone _____

Applicant agrees to pay any collection costs incurred to collect the amount balance, including reasonable attorney's fees.

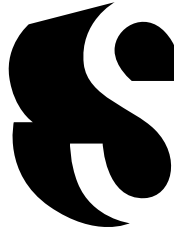
The undersigned officer/owner of the company, as an inducement to grant credit, warrants that the information submitted is true and correct and hereby authorizes Schupan Aluminum Sales to investigate the credit reference(s) listed above.

(Name – Signature) (Title) (Date)

Schupan Aluminum Sales now has the capability of either faxing invoices directly to you or emailing them to you. If you are interested in being setup to receive faxed or emailed invoices, please provide the fax number or email address below:

If you accept faxed invoices do you require a cover page with it – yes or no: _____

SCHUPAN ALUMINUM SALES
4200 DAVIS CREEK COURT
KALAMAZOO, MI 49001
(269) 382-3434
(269) 337-4642 ADM FAX



SALES & USE TAX CERTIFICATE

Customer/Business Name _____
Address _____
City/State/Zip _____
Area Code/Phone Number _____

The customer listed above hereby claims exemption on the purchase of tangible personal property and selected services rendered from Schupan Aluminum Sales, and certifies that this claim is based upon the customer's proposed use of the items or services, or status of the customer.

Items Covered By This Certificate:

_____ All Items Purchased
_____ Limited To The Following Items: _____
_____ One-Time Purchase

Basis for Exemption Claim:

_____ Industrial Processing – Must List Sales Tax Registration Number _____
_____ Resale at Retail – Must List Sales Tax Registration Number _____
_____ Resale at Wholesale – No Sales Tax Registration Number Needed
_____ Other: _____

Name/Title (Please Print) _____

Signature _____

Date Signed _____

In the event this claim is disallowed, the customer promises to reimburse the seller for the amount of tax involved.

Blanket certificate is valid for three years from date of signature unless an earlier expiration date is listed below:

Expiration Date, if less than three years: _____