



Rochester Hills
Corporate Office
248-606-3029
actrec@chetsrentall.com

Credit Application

We hereby apply for the extension of credit by your firm. The following information is submitted as a basis for your consideration of our application and also gives permission to check further credit history through one or several credit reporting agencies.

Firm Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ Email: _____

Business Type: _____ (LLC, S Corp, C Corp)

Number of years in business: _____

Have you been in business under a previous name? _____ If so, specify: _____

Federal ID or Social Security Number: _____

Estimated amount of credit needed: _____

Principal Members of the firm:

Principal's Name: _____

Phone Number: _____ Email: _____

Sales Manager's Name: _____

Phone Number: _____ Email: _____

Accounts Payable Manager: _____

Phone Number: _____ Email: _____

Owner's Information:

Home Address: _____ Phone Number: _____

Date of Birth: _____ (needed for TRW credit check)



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Trade References:

Firm Name: _____

Address: _____

Phone: _____ Email: _____

Firm Name: _____

Address: _____

Phone: _____ Email: _____

Firm Name: _____

Address: _____

Phone: _____ Email: _____

Bank References:

Name of Bank: _____ Bank Account Number: _____

Address: _____ Phone Number: _____

Rental Contract Information:

On our contracts, do you require any of the following information?

PO number

Job Number

employees authorized to rent (if you require this, please fill out the following page)

**Chet's requires a job address location for all contracts, please be prepared to provide this information



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Tax Status:

The undersigned Purchaser or Renter, being fully informed concerning the Michigan Sales and Use Tax Acts and their rules and regulations, hereby certifies that he/she is either legally subject to such taxes or is entitled to the exemption from such taxes by reason of one or more of the classifications listed below:

Subject to State Sales and Use Taxes

Exempt (please fill out the attached Michigan Sales and Use Tax certificate of exemption, a letter from the IRS is not accepted)

The undersigned hereby makes this certificate a part of each on contract, unless otherwise specified on such contract; and agrees to reimburse the seller for any deficiencies imposed by the State of Michigan for any violation of such rules and regulations.

This certificate shall remain in effect for the period in which the State of Michigan shall hold the seller liable.

Terms are Net 30 or and interest charge of 1.5% per month will be applied to all past due accounts

The undersigned hereby agrees that should a credit account be opened, and in the even of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay and additional charge equal to the cost of collection including court costs.

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, and hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Authorized Signature: _____ Title: _____

Please print your name: _____ Date: _____

Michigan Sales and Use Tax Certificate of Exemption

This exemption claim should be completed by the purchaser, provided to the seller, and is not valid unless the information in all four sections is complete. Do not send a copy to Treasury unless one is requested.

SECTION 1: TYPE OF PURCHASE

 Check one of the following:

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

The purchaser completing this form hereby claims exemption from tax on the purchase of tangible personal property or services purchased from the seller named below. This claim is based upon: the purchaser's proposed use of the property or services; OR the purchaser's exempt status.

Seller's Name and Address

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

1. All items purchased.
2. Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

1. For Lease. Purchaser will lease the property and elects to pay tax based on rental receipts. Enter sales tax license or use tax registration number: _____
2. For Resale at Retail. Enter Sales Tax License Number: _____
3. Direct Pay - Authorized to pay use tax on qualified transactions directly to Michigan Treasury under account number: _____

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

4. Agricultural Production. Enter percentage: _____ %
5. Government Entity (U.S. or its instrumentalities, State of Michigan or its political subdivisions), Nonprofit School, Nonprofit Hospital, Church or House of Religious Worship (circle type of organization)
6. Contractor (provide *Michigan Sales and Use Tax Contractor Eligibility Statement* (Form 3520)).
7. For Resale at Wholesale.
8. Industrial Processing. Enter percentage: _____ %
9. Nonprofit Internal Revenue Code Section 501(c)(3), 501(c)(4), or 501(c)(19) Exempt Organization.
10. Nonprofit Organization with an authorized letter issued by Michigan Department of Treasury prior to July 17, 1998 (sales tax) or June 13, 1994 (use tax).
11. Rolling Stock purchased by an Interstate Motor Carrier.
12. 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	Title	Date Signed

Instructions for completing *Michigan Sales and Use Tax Certificate of Exemption (Form 3372)*

Purchasers may use this form to claim exemption from Michigan sales and use tax on qualified transactions. All fields must be completed; however, if provided to the purchaser in electronic format, a signature is not required. All claims are subject to audit. The purchaser must ensure eligibility of the exemption claimed; a purchaser who improperly claims an exemption is liable for tax, penalty, and interest, with limited exceptions.

Sellers: Michigan does not issue “tax exempt numbers” and a seller is not permitted to rely on a number in lieu of a valid exemption claim. Sellers are required to maintain proper records of exempt sales, including exemption forms or the same information in another format. Records may be kept electronically. If the exemption certificate is received in electronic format, a signature is not required. A seller who does not comply with these requirements may be liable for tax, penalty, and interest. See Revenue Administrative Bulletin 2016-14 for more information. All claims are subject to audit.

SECTION 1:

A) Choose “One-Time Purchase” and include the invoice number this certificate covers.

B) Choose “Blanket Certificate” if there is a “recurring business relationship.” This exists when a period of not more than 12 months elapses between sales transactions between the seller and purchaser. Parties do not need to renew this blanket exemption claim as long as the recurring business relationship exists.

C) Choose “Blanket Certificate” and enter the expiration date (maximum four years) when there may be a period of more than 12 months between sales transactions. This option is best when purchaser and seller anticipate more than one exempt transaction before the expiration date but do not have or may not maintain a recurring business relationship.

SECTION 2:

Place a check in the box for “All items purchased” or choose “Limited to” and list the items that are covered by the exemption claim.

SECTION 3:

Check the box that applies and, if applicable, provide the required information. The exemptions listed are the most common. If the exemption you are claiming is not listed, check “Other” and enter the qualifying exemption.

SECTION 4:

Purchaser must complete Section 4. A signature is only required if a paper form is used; in that case, the purchaser should sign and provide their title (for example, Purchasing Manager, President, Owner). For Type of Business, enter the number from the following list that best describes the purchaser’s business.

01	Accommodations	10	Utilities
02	Agricultural	11	Wholesale
03	Construction	12	Advertising, newspaper
04	Manufacturing	13	Non-Profit Hospital
05	Government	14	Non-Profit Educational
06	Rental or leasing	15	Non-Profit 501(c)(3), 501(c)(4), or 501(c)(19)
07	Retail	16	Other (enter code and write in business type)
08	Church		
09	Transportation		