



22365 Elkhart East Blvd.
 Elkhart, IN 46514
 Phone: 574.266.7676
 Toll Free: 800.776.6728
 Fax: 574.266.8833

ACCOUNT/CREDIT APPLICATION

Date: _____ Name of Company: _____

Address*: _____ City: _____

State: _____ Zip: _____ Country: _____ E-Mail: _____

Phone: () _____ Fax: () _____

Business is a: Proprietorship Corporation Partnership

Business Start Date: _____ Type of Business: _____

Tax ID #: _____ Accounts Payable Contact: _____

Requested Terms: Open Account Credit Card COD Other _____

** Indicate the billing address. If there is a different shipping address or addresses, include them on a separate sheet of paper.*

OWNERS/PRINCIPALS*

Name 1 Title Social Security Number

Home Address Home Telephone

Name 2 Title Social Security Number

Home Address Home Telephone

** Additional information required if the business is a sole proprietorship or partnership.*

BANK & TRADE REFERENCES (Please provide at least 4)

Name City State Phone Fax (required)

Name City State Phone Fax (required)

Name City State Phone Fax (required)

Name City State Phone Fax (required)

The information given in this application is true and correct to the best of my knowledge. Further, it is with my consent that Burnstine's contacts the bank/trade references listed herein to seek information on my account status. The individual signing this agreement has the corporate authority to bind the company to this agreement.

Signature: _____ Title: _____ Date: _____



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SALES TAX CERTIFICATE

To adhere to state sales tax requirements it is necessary that we have on file an exemption certificate for all customers who claim exemptions from state sales tax. We are required to collect sales tax from all customers who do not furnish a valid exemption certificate.

You may fill out the Uniform Sales & Use Tax Certificate - Multijurisdiction form below and we will keep it on file until you have the opportunity to send us a copy of your exemption certificate. This will allow you to obtain an account with Burnstine's, pending approval, prior to submitting the exemption certificate.

UNIFORM SALES & USE TAX CERTIFICATE - MULTIJURISDICTION

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

We certify we are engaged as a registered:

- Retailer
- Manufacturer
- Wholesaler
- Other (Please Specify) _____

In addition, our purchases are exempt from state sales tax for the following reasons:

- Resale as tangible personal property
- To be incorporated as a part of other tangible personal property to be produced for sale by manufacturing or processing
- Other (Please describe) _____

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 cancelled 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.

Signature: _____ Title: _____ Date: _____

Sales Tax Exemption Number: _____ State of: _____