

MAXI CONTAINER INC.
6000 Caniff
Detroit, Michigan 48212
(313) 891-3880 FAX (313) 891-6476

OPEN ACCOUNT APPLICATION

(For business use only. Not intended for Consumer Credit)

I. COMPANY INFORMATION

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip _____

Telephone Number: _____ FAX Number: _____

Shipping Address (if different): _____

City: _____ State: _____ Zip _____

Parent Corporation (if applicable): _____

Address: _____

City: _____ State: _____ Zip _____

II. BANKING INFORMATION

Bank Name: _____

City: _____ State: _____ Zip _____

Account Number(s): _____

Contact Person Name: _____

Contact Person Phone Number: _____

III. BUSINESS INFORMATION

Dun & Bradstreet Number: _____ Dun & Bradstreet Rating: _____

Type of Business: _____

Years in Business: _____

IV. TRADE REFERENCES (at least 3)

a. Company Name: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone Number: _____ FAX Number: _____

b. Company Name: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone Number: _____ FAX Number: _____

c. Company Name: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone Number: _____ FAX Number: _____

V. OPEN ACCOUNT TERMS: Net ten (10) days.

The undersigned represents and warrants that, to the best of his or her information and belief, the above information is true and correct.

Company Name: _____

By: _____

Title: _____

Date: _____



PO Box 12250
Detroit, MI 48212
313.891.3880 FAX 313.891.6476

Michigan Department of Treasury, SUW
3372 (5-00)

MICHIGAN SALES AND USE TAX CERTIFICATE OF EXEMPTION

This certificate is invalid unless all four sections are completed by the purchaser.

Section 1. Check one of the following:

- One time purchase
- Blanket certificate,

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made under this certificate from: _____

(Vendor's Name)

and certifies that this claim is based upon the purchaser's proposed use of the items or services, or the status of the purchaser.

Section 2. Items covered by this certificate:

- All items purchased
- Limited to the following items: _____

Section 3. Basis for exemption claim:

Resale

- At Retail - Sales Tax Registration Number: _____
- At Wholesale - No Number Required
- Agricultural Production: (Describe) _____
- Industrial Processing

Non-Profit Organizations

- Government Entity, Nonprofit School, Nonprofit Hospital, and Church (Circle type of organization.)
- Internal Revenue Code Section 501(c)(3) and 501(c)(4) Organizations
- Exempt letter from the State of Michigan
- 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.

Purchaser _____ Street Address _____

Area Code / Telephone No. _____ City _____ State _____ Zip Code _____

Signature and Title _____ Date Signed _____

Name (Print or Type) _____

¹ A blanket certification is valid for four years from date of signature unless an earlier expiration date is listed below:
Expiration date, if less than four years: _____

PLEASE FAX BACK TO 313.891.6476

Failure to return completed form in 30 days will lead to automatic charging of Sales Tax.