



MOBILE OFFICES • MODULAR BUILDINGS • IN-PLANT BUILDINGS • ON-SITE STORAGE

CREDIT APPLICATION

Business Name: _____

Address _____ City _____ State _____ Zip _____ Telephone _____

PARTNERSHIP CORPORATION PROPRIETORSHIP L.L.C. INDIVIDUAL

FED.ID.# or SS# _____

Are Purchase Order(s) required? Yes ___ No ___ If yes, please provide a list of authorized purchasers:

The following information must be provided. It will be held in the strictest confidence.

Officers of Corporation or Principal Partners:

Table with 3 columns: Name, Complete Address, Home Telephone. Three rows for listing officers or partners.

Bank(s) with which you have accounts:

Table with 4 columns: Name of Bank, Telephone, Type, Account #. Two rows for listing banks.

Trade References: List businesses where you have accounts. (Preferably in Michigan)

Table with 3 columns: Business Name, Complete Address, Telephone. Four rows for listing trade references.

I certify that all the information on this form is correct. I fully understand that all of McDonald Modular Solutions, Inc. invoices are to be paid in advance for the monthly rental. Signing this document gives McDonald Modular Solutions, Inc. the right to check any and all trade and bank references now and forever.

Date _____

Signature of Authorized Signer and Title _____

Printed name: _____

Please return this form to the Credit Department.



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SALES/USE TAX EXEMPTION CERTIFICATE

The undersigned purchaser, being fully informed concerning Sales and Use Tax Acts, and their rules and regulations, hereby claims to be legally entitled to exemption from such taxes on all purchases from McDonald Modular Solutions, Inc., by reason of one or more of the classifications below:

- 1. All purchases are taxable. Please add tax to all our orders. ()
- 2. Resale ()
- 3. Direct Pay ()
- 4. Government: Federal, State or Local ()
- 5. Church or School ()
- 6. Other Institutions ()

(Please attach a copy of sales tax letter)

Sales/Use Tax License Number _____

Please include a copy of your sales tax exempt certificate.

In the event this claim is at any time disallowed by the State, we promise to reimburse the seller for any tax, interest and penalties which may be due.

The above agreement shall remain in effect for the period for which the State shall hold the seller liable, and shall apply to all purchases until buyer shall advise in writing to the contrary.

Firm Name _____

Address _____

Date _____ **Signature** _____

Title _____

Printed name of Individual Signing Form _____

PLEASE RETURN THIS TAX FORM TO THE CREDIT DEPT: