



**Corporate Credit Department**  
 Box 249 • Dodge Center, MN • 55927  
 Toll Free 1-800-430-6110  
 Fax 507-633-8811  
 credit@mneilus.com

Credit Application - Form  
 Credit  
 05/09/11  
 1 of 2

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP + 4: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP + 4: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Year Started: \_\_\_\_\_ Legal Form: \_\_\_\_\_ Fed ID#: \_\_\_\_\_

TAX EXEMPT? Yes \_\_\_\_\_ No \_\_\_\_\_ # of Employees: \_\_\_\_\_ Credit Requested \$: \_\_\_\_\_

**\*\*All States requires an Exemption Certificate on file\*\***

Buyer: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How would you like to receive invoices? \_\_\_\_\_ Fax Fax #: \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

**RECEIVING & UNLOADING INFORMATION**

Receiving Hours:	Max. Skid Weight	_____ LBS	Unload:	_____ By Hand
M - F _____ AM				_____ Forklift
_____ PM	Max. Bundle Weight	_____ LBS		_____ Overhead Crane
				_____ Other

**Require MILL CERTIFICATION?** Yes \_\_\_\_\_ No \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**Special packaging instructions:** \_\_\_\_\_

**Directions to your location:** \_\_\_\_\_



**\*\* OUR TERMS ARE: NET 30 DAYS FROM DATE OF INVOICE \*\***

Owner(s): \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**BANK REFERENCE:**

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**TRADE REFERENCES:** (Please include at least one Steel Supplier)

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Applicant's signature certifies that the information provided is correct. A service charge will be applied to all accounts past due. In the event of my account becoming seriously past due, I am aware that I will be held responsible for any legal and/or collection fees assessed to collect the debt.**

I authorize you to contact references and obtain information that may be needed to establish a credit account with McNeilus Steel, Inc.

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

MINNESOTA • REVENUE

Certificate of Exemption

Purchaser: Complete this certificate and give it to the seller.

Seller: If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order #

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity name and specific project:

Exempt entity name Project description

Type or print
Name of purchaser
Business address City State Zip code
Purchaser's tax ID number State of issue Country of issue
If no tax ID number, enter one of the following: FEIN Driver's license number/State issued ID number state of issue number
Name of seller from whom you are purchasing, leasing or renting
Seller's address City State Zip code

Type of business. Circle the number that describes your business.
01 Accommodation and food services
02 Agricultural, forestry, fishing, hunting
03 Construction
04 Finance and insurance
05 Information, publishing and communications
06 Manufacturing
07 Mining
08 Real estate
09 Rental and leasing
10 Retail trade
11 Transportation and warehousing
12 Utilities
13 Wholesale trade
14 Business services
15 Professional services
16 Education and health-care services
17 Nonprofit organization
18 Government
19 Not a business (explain)
20 Other (explain)

Reason for exemption. Circle the letter that identifies the reason for the exemption.
A Federal government (department)
B Specific government exemption (from list on back)
C Tribal government (name)
D Foreign diplomat #
E Charitable organization #
F Educational organization #
G Religious organization #
H Resale
I Agricultural production
J Industrial production/manufacturing
K Direct pay authorization
M Direct mail
N Other (enter number from back page)
O Percentage exemption
Advertising (enter percentage) %
Utilities (enter percentage) %

Sign here
I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY: If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)
Signature of authorized purchaser print name here Title Date