



# CREDIT APPLICATION

*Friendly Steel Handlers*  
<http://www.mcneilus.com>  
Revised 2/2007

**Corporate Credit Dept.**  
Box 249 ▪ Dodge Center, MN ▪ 55927  
Toll Free 1-800-430-6110  
Fax 507-633-8811  
[credit@mcneilus.com](mailto:credit@mcneilus.com)

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

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

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

Phone \_\_\_\_\_ FAX \_\_\_\_\_

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

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

Business Type \_\_\_\_\_ Start Date \_\_\_\_\_ Legal Form \_\_\_\_\_ Fed ID# \_\_\_\_\_

TAX EXEMPT? Y \_\_\_\_\_ N \_\_\_\_\_ # 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 \_\_\_\_\_

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

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

\_\_\_\_\_

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

Owner(s) \_\_\_\_\_ EMail \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 \_\_\_\_\_

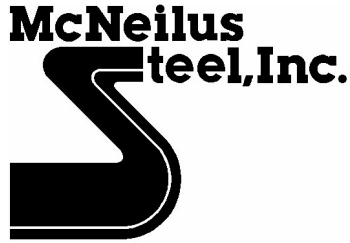
**Applicant's signature certifies that the information provided is correct. A service charge will be applied to all accounts past due. In the event of my account becoming seriously past due, I am aware that I will be held responsible for any legal and/or collection fees assessed to collect the debt.**

**We submit all accounts monthly to these consumer credit agencies: DnB (Dunn & Bradstreet) and Experian.**

**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 \_\_\_\_\_



PERSONAL GUARANTY and
PERSONAL CREDIT REPORT AUTHORIZATION

Legal Business Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

In consideration of the extension of credit to the above named company, I personally and individually hereby unconditionally guarantee the payment of whatever amount shall at any time be past due (including all expenses of collection, reasonable attorneys and/or collection fees). This agreement is made and entered into in the State of Minnesota and at the creditor's option any litigation of any dispute arising hereunder may be commenced in the State of Minnesota. In that event, I, the undersigned guarantor, hereby consent to the jurisdiction of the courts of the State of Minnesota.

This Guaranty shall continue in full force and effect unless written notice of revocation is received by McNeilus Steel, Inc. by certified mail. Such notice of revocation shall be ineffective as to any then existing indebtedness of customer to McNeilus Steel, Inc., or as to any transaction or commitment previously undertaken by McNeilus Steel, Inc. in reliance upon this Guaranty.

Signature

Date

Type or print name

SSN

I the undersigned guarantor, in recognition that my credit history may be a continuing, necessary factor in the evaluation of this ongoing personal guaranty, hereby consent to and authorize creditor to obtain and use my consumer credit report periodically in the ongoing credit evaluation process of the effect and duration of this personal guaranty.

Signature

Date

Type or print name

SSN



# Iowa Sales Tax Exemption Certificate

This document is to be completed by a purchaser whenever claiming exemption from sales/use tax. *Seller:* Keep this certificate in your files. *Purchaser:* Keep a copy of this certificate for your records. Do not send this to the Department of Revenue and Finance.

Purchaser Name		
Address		
City	State	Zip Code
General Nature of Business		

Seller Name		
Address		
City	State	Zip Code

Purchaser is doing business as a:

- Retailer  
Sales tax permit no. : \_\_\_\_\_
- Wholesaler       Farmer       Lessor
- Manufacturer       Nonprofit Hospital
- Private Nonprofit Educational Institution
- Governmental Agency (including public schools)
- Qualifying Residential Care Facility
- Non-Profit Museum       Other: \_\_\_\_\_

Purchaser is claiming exemption for the following reason:

- Resale       Leasing       Processing
- Qualifying Farm Machinery/Equipment
- Qualifying Industrial Machinery/Equipment
- Qualifying Replacement Parts       Qualifying Computer
- Pollution Control Equipment       Recycling Equipment
- Research and Development Equipment
- Direct Pay (permit no. required): \_\_\_\_\_
- Other: \_\_\_\_\_

Description of Purchase: Attach additional information if necessary. \_\_\_\_\_  
Under penalty of perjury, I swear that the information on this form is true and correct.

Signature of Purchaser \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ 31-014 (1/00)

### Exemption Certificate Instructions

This exemption certificate is to be completed by the purchaser claiming exemption from tax and given to the seller. The seller must retain this certificate as proof that exemption has been properly claimed. The certificate must be complete to be accepted by the seller. The seller can accept an exemption certificate only on property that is qualified (see the exemptions below) or based on the nature of the buyer. A seller failing to exercise due care could be held liable for the sales tax due. If property or services purchased for resale or processing are used or disposed of by the purchaser in a nonexempt manner, the purchaser is then responsible for the tax.

#### Exemptions:

**Resale:** Any person in the business of selling who is purchasing items to resell may claim this exemption. The purchaser can be acting as either a retailer or wholesaler and may not be required to have a sales tax permit. Retailers who do have a sales tax permit number must enter it in the space provided.

**Processing:** Exempt purchases for processing include tangible personal property which by means of fabrication, compounding, manufacturing or germination becomes an integral part of other tangible personal property ultimately sold at retail; chemicals, solvents, sorbents or reagents used, consumed, dissipated or depleted in processing personal property intended to be sold ultimately at retail; fuel used to create heat, power or steam for processing or used to generate electric current; and chemicals used in the production of free newspapers and shoppers.

**Leasing:** Exemption is applicable only to property leased where the lessor is in the business of leasing, the lease is for more than five months, and the lease or rental receipts are subject to Iowa sales tax.

**Qualifying Farm Machinery/Equipment:** The farm machinery or equipment must be directly and primarily used in agricultural production; and must be:

1. a self-propelled implement such as a tractor
2. a grain dryer (heater and blower only)
3. an implement customarily drawn or attached to a self-propelled implement in the performance of its function, such as a plow
4. auxiliary equipment improving safety, maintenance and efficiency of items 1, 2, 3
5. tangible personal property that does not become a part of real property used directly and primarily in dairy and livestock operations
6. bailing wire, twine, wrapping and other similar items used in agricultural, livestock or dairy production
7. an essential replacement part for 1, 2, 3, 4, 5

**Qualifying Industrial Machinery/Equipment:** This machinery or equipment must be:

- used by a manufacturer
- directly and primarily used in processing tangible personal property or certain other research activities
- certain replacement parts for the above; this does not include supplies

**Qualifying Computers:**

- sold to commercial enterprise, insurance company, or financial institution
- certain replacement parts; this does not include supplies

**Direct Pay:** Businesses and individuals who pay their taxes directly to the Department rather than to the seller **must** enter their Direct Pay permit number in the space provided.

**Private Nonprofit Educational Institutions:** Purchases made by private nonprofit educational institutions used for educational purposes are exempt. **NOT EXEMPT from sales tax are purchases by most other private nonprofit organizations such as churches, fraternal organizations, etc., for use by those organizations.**