



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

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 _____

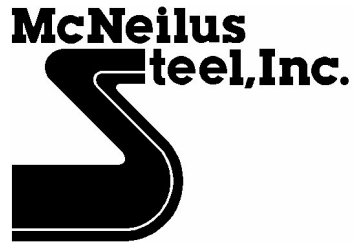
Applicant's signature certifies that the information provided is correct. A service charge will be applied to all accounts past due. In the event of my account becoming seriously past due, I am aware that I will be held responsible for any legal and/or collection fees assessed to collect the debt.

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

South Dakota Department of Revenue

Resale Certificate

Please print legibly

Name of Seller _____

Address of Seller _____

Name of Purchaser _____

Purchaser's State Tax License Number _____

Sales Tax License, Wholesaler License, and Manufacturer License numbers only. *Do NOT accept Contractors' Excise Tax or Use Tax License numbers (numbers containing an ET or UT).* The license number must be listed here for this to be a valid resale certificate.

Purchaser is in the business of _____

Types of items purchased for resale (additional pages may be attached)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Types of items purchase tax paid - not for resale (additional pages may be attached)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

According to South Dakota law, it is the responsibility of the purchaser to assure that the goods and/or services purchased for resale are covered by a resale certificate. If items covered under the resale certificate are not purchased for resale, it is the responsibility of the purchaser to indicate to the seller that the items will not be resold, and the appropriate sales tax should be collected on those items. **The seller is required to show good faith in accepting this certificate. Sellers must possess a properly completed resale certificate provided by the purchaser. Sellers accepting resale certificates for purchases they know are not legitimately for resale could be held responsible for any sales/use tax due.**

If the purchaser purchases for resale but later uses the item(s) rather than reselling it (them), the purchaser is responsible for reporting and paying use tax on the item(s). **Any purchaser who knowingly and intentionally lists items for resale that he/she knows will not be resold, or provides an invalid resale certificate with the intent to evade payment of the tax is guilty of a Class 1 misdemeanor and may be fined up to fifty percent of the tax owed in addition to paying the tax. SDCL 10-45-61**

The undersigned certify that they have read the above and foregoing document and that the statements regarding the purchase, use or resale of each of the above items are true of their own knowledge and belief. The undersigned are fully aware of the consequences that will result from the misuse of this certificate. The undersigned further assert that they have the authority to complete and submit this document on behalf of the above named businesses.

Signature of Purchaser _____

Signature of Seller _____

Date _____

It is recommended that this certificate be updated annually.

Exemption Certificate

South Dakota Department of Revenue & Regulation

445 E. Capitol Avenue | Pierre, SD 57501-3185 | 1-800-TAX-9188

RV066
Revised 07/03

THIS CERTIFICATE IS NOT VALID IF THE PURCHASER DOES NOT INDICATE BASIS FOR THEIR EXEMPTION.
INFORMATION ON EXEMPT TRANSACTIONS IS ON THE BACK OF THIS FORM.

Name of Purchaser

Telephone Number

Street Address

City

State/Zip Code

Name of Seller

Any purchaser who knowingly and intentionally lists items for resale that he/she knows will not be resold, or provides an invalid exemption certificate with the intent to evade payment of the tax is guilty of a Class 1 misdemeanor and may be fined up to fifty percent of the tax in addition to the tax. *SDCL 10-45-61*

The undersigned certify that they have read this document and that the statements regarding the purchase, use or resale of each of the items are true. The undersigned are fully aware of the consequences that will result from the misuse of this certificate. The undersigned further asserts that they have the authority to complete and submit this document on behalf of the above named business.

Authorized Signature

Title

Name

Date

The person signing this certificate MUST check the applicable box showing the basis for the exemption from sales tax and provide the purchaser's tax permit or exemption number. Tax permit numbers containing the letters "ET" or "UT" can not be used for tax-free purchases.

1. Government Entity South Dakota Exemption # _____ - _____ - _____ - _____ - _____

I certify that the tangible personal property or services purchased are to be paid directly with funds from the entity noted on this form. "Directly" does not include per diem, cash advances, or similar indirect payments. Government entities are not required to furnish exemption numbers.

2. Non-profit Hospital South Dakota Tax Permit # _____ - _____ - _____ - _____ - _____

I certify that the items are being purchased by an authorized official of the non-profit hospital; that payment is made from non-profit hospital funds; and the non-profit hospital retains title to the property.

3. Relief Agency South Dakota Exemption # _____ - _____ - _____ - _____ - _____

I certify that the items or services purchased are to be paid directly with funds from the entity noted.

4. Religious or Private Educational Institutions South Dakota Exemption # _____ - _____ - _____ - _____ - _____

I certify that the items are being purchased by an authorized official of the religious or private educational institution; that payment is made from religious or private educational institutions funds; and the religious or private educational institution retains title to the property.

5. Agricultural Products and Services - I certify the items and services purchased will be used for exclusive agricultural purposes only.

6. Farm Machinery - I certify that the farm machinery, attachment unit, or irrigation equipment being purchased is to be used exclusively for agricultural purposes and qualifies for the 3% sales and use tax rate.

7. Direct Payment Permit South Dakota Direct Payment Permit # _____

I certify the entity listed on this form has a Direct Payment Permit and will accrue and pay the use tax directly to the department.

8. Resale or Re-lease Tax Permit # _____

If no permit number is available, provide reason:

Describe nature of your business:

Describe the items for which you are claiming exemption for: