

Account Application

Branch#: _____



MEDLER ELECTRIC COMPANY
Corporate Office: 2155 Redman Drive
Alma, Michigan 48801
Phone: (989) 463-3308 Fax: (989) 463-4522

Date: _____

Business Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address (if different than above): _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Nature of Business: _____

Ownership: Sole Owner ____ Partnership ____ SS # _____ Corporation _____

Year Established: _____ Date of Incorporation: _____ Federal ID #: _____

Owners or Corporate Officers:

	<u>Name</u>	<u>Home Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
1.	_____	_____	_____	_____	_____
	E-mail Address	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
	E-mail Address	_____	_____	_____	_____

Credit References (*required*):

	<u>Name</u>	<u>Fax or Email</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Key Contacts: _____

	<u>Name</u>	<u>Title</u>	<u>Phone</u>
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1. Accounts Payable	_____
E-mail Address	_____
2. Purchasing	_____
E-mail Address	_____

	<u>Name</u>	<u>Address</u>	<u>City</u>	<u>Zip</u>	Checking Account #
1. Bank	_____	_____	_____	_____	_____
	_____	_____	_____	_____	Savings Account #
	_____	_____	_____	_____	Outstanding Loan

I/We authorize Medler Electric Company to conduct a credit investigation and authorize the creditors and financial institutions listed above to divulge rating information concerning my/our account with them. I/We also understand and agree that the credit grantor may add one and one-half percent per month to any past due balance owing, 18% per annum. All shipments are subject to credit approval. All discountable invoices must be paid in full by the 10th of the month following purchase. After the 10th, all invoices are due by the end of the month- NO DISCOUNT ALLOWED. It is further agreed that in the event of default, debtor will pay actual collection charges and/or attorney fees.

Signature (must be Officer, Owner, or Partner)

Applicant's signature attests financial accuracy, ability and willingness to pay our invoices in accordance with invoice terms.

Witness Signed Title

(Page 1 of 2) Signed Title

**Exemption Certificate
Michigan Sales and Use Tax**

This undersigned purchaser being fully informed concerning the Michigan Sales and Use Tax Acts and their Rules and Regulations, hereby claims to be legally entitled to exemption from taxes on all purchases from **Medler Electric Company** unless otherwise specified, by reason of one or more of the classifications listed below.

_____ Resale # _____
_____ Industrial Processing # _____
_____ Agriculture Processing # _____
_____ Educational Institution # _____
_____ Federal, State, Cities, Etc. # _____
_____ Church, Hospital, Non-Profit Organizations # _____
_____ Our Purchases are Taxable

The undersigned further agrees to reimburse the seller for any deficiencies imposed by the State for violation of such rules and regulations. This certificate shall be considered a part of each order unless otherwise specified and shall remain in force until revoked in writing.

_____	_____
Company Name	Street Address
_____	_____
By _____	City, State, & Zip Code
Title	

INDIVIDUAL PERSONAL GUARANTY

Date _____

I, _____, residing at _____,
for and in consideration of your extending credit at my request to _____ (hereinafter referred to as the "Company"), of which I am _____, hereby personally guarantee to you the payment at 2155 Redman Drive, Alma in the State of Michigan of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modifications or renewal of the credit agreement hereby guaranteed.

Witness _____ Signature _____

Address _____



MEDLER ELECTRIC COMPANY OFFICE USE ONLY

Branch Number _____
Primary Salesperson _____
Marketing Code _____
Account # _____
Credit Limit _____