

1st Chain Supply



Your online source for all your chain and related supplies

1st Chain Supply
a division of MPI
797 W. Commercial Ave.
Lowell, IN 46356

Phones: 219-696-6411 Toll Free 800-523-2367
Fax 219-696-6413

CREDIT APPLICATION

Note: In order to cover additional handling and credit risk we must add 10% to web prices and price quotations if using Net 30 day terms.

Company Name _____
Mailing Address _____
City _____ State ___ Zip _____

Ship to Address _____
(if different) _____
City _____ State ___ Zip Code _____

Phones:
Purchasing (___) _____ Shop (___) _____
Accounts Payable (___) _____

Fax (___) _____ Corporation Proprietorship Partnership

Owner or President _____ Title _____
Social Security or Federal ID Number _____

Years in Business _____ Nature of Business _____
Bank Name _____ Checking Account No. _____
Address _____

If you are tax exempt, please complete a signed sales tax exemption certificate on next page.

We need three current sources of supply with which you do business with on an open, 30 day account. Please do not use banks, credit card companies or secured loans as references.

	Name	Phone	Fax	Acct #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Terms of payment are net 30 days. Past due invoices are subject to a 1-1/2% monthly service charge. Credit privileges are revoked if consistently past due. Minimum invoice charge is \$10.00. Costs of collecting money due and owing on this account, including court costs and attorney fees, will be charged to the debtor. In making this application, the customer agrees to these terms.

Signature _____ Title _____ Date _____

GENERAL SALES TAX EXEMPTION CERTIFICATE

NAME: _____ TAX EXEMPT NO: _____

ADDRESS: _____ DATE: _____

- BLANKET
 - Sale to retailer, wholesaler or manufacturer for RESALE ONLY.
 - Sale of manufacturing machinery, tools and equipment to be used directly in direct production.
 - Sales to Not-for-Profit Organizations, claiming exempt purchases pursuant to circular ST-14.
 - Sales to Governmental units.
 - Other (explain) _____
- SINGLE PURCHASE DESCRIPTION OF ARTICLES _____

I hereby certify under the penalties of perjury, that the property that is to be purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the STATE GROSS RETAIL SALES TAX ACT.

Signed _____ Title _____

DEPARTMENT OF REVENUE AGRICULTURAL BLANKET EXEMPTION CERTIFICATE

(Do not use this certificate for types of purchase not specifically listed hereon)

NAME: _____ SOCIAL SECURITY NO: _____

ADDRESS: _____ DATE: _____

ISSUED TO: _____

This blanket exemption certificate may be used only for the below listed categories of personal property, and then only if such property is to be used directly in the production of agricultural products for resale:

- Seeds, Fertilizers, Insecticides, Fungicides, and Herbicides.
- Livestock or Poultry to be used for Direct Production of Food or Commodities.
- Feed for Above Described Livestock.
- Repair Parts for Machinery Used Directly in Production. (Does Not include Vehicles Licensed for Highway Use.)
- Motor Fuel and Other Petroleum Products.

I hereby certify under the penalties of perjury that all personal property purchased by use of this exemption certificate will be used directly in the Production of Agricultural Products for Resale, as described above. If this certificate is used for motor fuel I further certify that I will report taxable use of motor fuel and pay the Sales Tax thereon.

Signed _____ Date _____