

**NAPA AUTO PARTS
MOTOR SUPPLY OF HOLLAND**

531 CHICAGO DR.
HOLLAND, MI. 49423
Ph: 392-6951

Please type or print. Fill in all spaces and complete by signing where indicated. If a corporation, two corporate officers must sign or a board of directors resolution must be attached. If a partnership, this application must be signed by all partners. **THE REVERSE SIDE MUST BE SIGNED.**

Applicants Name: Port Sheldon Township
Address: 16201 Port Sheldon St. West Olive, MI 49460
Mailing Address, if different: _____
Kind of business: Local Government Years Established: _____
Phone: 616-399-6121 Accts Payable Person: Teresa De Graaf
P. O. Required? NO Authorized Purchasing Agents: Fire Dept.
State Resale License Number: _____ Fed. I. D. number: 38-6080522
Is business incorporated? _____ What state? _____
If subsidiary, name of parent company? _____

Principal's names	Titles	Soc. Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

References: Give only names of those you buy from on open account.

Name	Address	City, State, Zip	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of bank: _____ Address: _____
Telephone Number: () City, State, Zip: _____
Account number: _____ Bank contact: _____

Please complete reverse side.

Billing can be emailed to:

teresa@portsheldontwp.org

DATE _____

This credit application is given to secure open account credit. The information contained herein is correct, complete and true.

We request a Credit Limit of \$ 1500.00

In consideration of the granting of or extension of credit by seller to the undersigned, it is hereby agreed that the undersigned will promptly pay all sums when due. The undersigned further agrees to pay handling and service of charges at the rate of 18% per year commencing the first day of the month following the due date.

In consideration of the extension of credit by seller, the undersigned does jointly and severally personally guarantee to pay and be responsible for payment of all sums, balances, and accounts due seller by buyer, including collection charges and/or attorney's fees.

SIGNED *Teresa DeGraaf* SIGNED *Rachel Frantom*
Teresa DeGraaf, clerk Rachel Frantom Treasurer
Print name and title Print name and title

* If over \$3000.00 , please attach a current financial statement.

AUTHORIZATION FOR BANK INFORMATION:

I hereby authorize our/my bank to release any information regarding our financial account. A photocopy of this authorization shall be as valid as the original.

DATE _____ SIGNED _____

Michigan Sales and Use Tax Certificate of Exemption

This exemption claim should be completed by the purchaser, provided to the seller, and is not valid unless the information in all four sections is complete. Do not send a copy to Treasury unless one is requested.

SECTION 1: TYPE OF PURCHASE

 Check one of the following:

- A. One-Time Purchase
Order or Invoice Number: _____
- C. Blanket Certificate
Expiration Date (maximum of four years): _____
- B. Blanket Certificate. Recurring Business Relationship

The purchaser completing this form hereby claims exemption from tax on the purchase of tangible personal property or services purchased from the seller named below. This claim is based upon: the purchaser's proposed use of the property or services; OR the purchaser's exempt status.

Seller's Name and Address NAPA Auto Parts, 531 Chicago Drive Holland, MI 49423

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

1. All items purchased.
2. Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:


1. For Lease. Purchaser will lease the property and elects to pay tax based on rental receipts. Enter sales tax license or use tax registration number: _____
2. For Resale at Retail. Enter Sales Tax License Number: _____
3. Direct Pay - Authorized to pay use tax on qualified transactions directly to Michigan Treasury under account number: _____

The following exemptions DO NOT require the purchaser to provide a number:

4. Agricultural Production. Enter percentage: _____%
5. Government Entity (U.S. or its instrumentalities, State of Michigan or its political subdivisions), Nonprofit School, Nonprofit Hospital, Church or House of Religious Worship (circle type of organization)
6. Contractor (provide *Michigan Sales and Use Tax Contractor Eligibility Statement* (Form 3520)).
7. For Resale at Wholesale.
8. Industrial Processing. Enter percentage: _____%
9. Nonprofit Internal Revenue Code Section 501(c)(3), 501(c)(4), or 501(c)(19) Exempt Organization.
10. Nonprofit Organization with an authorized letter issued by Michigan Department of Treasury prior to July 17, 1998 (sales tax) or June 13, 1994 (use tax).
11. Rolling Stock purchased by an Interstate Motor Carrier.
12. Other (explain): _____

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Business Name Port Sheldon Township	Type of Business (see codes on page 2) 05	
Business Address 16201 Port Sheldon St	City, State, ZIP Code West Olive, MI 49460	
Business Telephone Number (include area code) (616) 399-6121	Name (Print or Type) Teresa De Graaf	
Signature 	Title Clerk	Date Signed 04/13/2021