



507 CHICAGO DRIVE  
 HOLLAND, MI 49423  
 PHONE: (616) 392-7135

## APPLICATION FOR AN OPEN CREDIT ACCOUNT

### BUSINESS CONTACT INFORMATION

Company name		Date business commenced
Phone   Fax		<input type="checkbox"/> Individual
Email		<input type="checkbox"/> Partnership
Billing address City, State, Zip		<input type="checkbox"/> Corporation
		<input type="checkbox"/> LLC
Shipping address City, State, Zip		<input type="checkbox"/> Government
		<input type="checkbox"/> Other

### COMPANY OFFICERS OR PARTNERS

Name		Name	
Title		Title	
SSN		SSN	

### BUSINESS/TRADE REFERENCES

Company name		Phone	
City, State ZIP Code		E-mail	
Type of account		Address	
Fax		Other	
Company name		Phone	
City, State ZIP Code		E-mail	
Type of account		Address	
Fax		Other	
Company name		Fax	
City, State ZIP Code		E-mail	
Type of account		Address	

Anticipated monthly credit requirements \_\_\_\_\_

**Tax Exempt:**  YES  NO **If yes, please complete the attached Sales and Use Exemption Form**

### AGREEMENT

All information shall be treated as confidential in nature, and shall not be disseminated to anyone but employees and/or agents of Shoemaker, Inc. or Shoemaker of Indiana, Inc. except required by law or court order. In consideration of the extension of credit, I/We agree to the assessment of a 1.5% service charge, per month on any past due amount. If any account requires collection, Shoemaker, Inc. and/or Shoemaker of Indiana, Inc. shall also be entitled to all costs of collection, including, but not limited to actual attorney fees, filing and service of process fees. This Application for Open Credit Account shall be interpreted under the laws of the State of Michigan, and shall be deemed to be executed in Ottawa County, Michigan. Customer certifies that the information contained in this application is correct as of this date.

### SIGNATURES

Signature		Date		Title	
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Shoemaker, Inc.  
Shoemaker of Indiana, Inc.

## EPA Certificate Compliance Statement

**THE FOLLOWING IS REQUIRED FOR EPA CLEAN AIR ACT, SECTION 608, FOR CLASS I OR CLASS II REFRIGERANTS.**

Company name	
Address	
City, State ZIP	
Type of account	

**THE FOLLOWING ARE OF OUR EMPLOYEES WHO CURRENTLY POSSESS A VALID EPA REFRIGERANT CERTIFICATE:**

Name		Name	
Certificate #		Certificate #	
Certificate Type		Certificate Type	

**PLEASE ATTACH A COPY OF THE CERTIFICATE(S) FOR OUR FILES**

Do you have a Mechanical License?	<input type="checkbox"/> YES <input type="checkbox"/> NO	State Held in	
License Number		Applied For	
Do you have a Mechanical License?	<input type="checkbox"/> YES <input type="checkbox"/> NO	State Held in	
License Number		Applied For	

**A COPY OF BOTH YOUR MECHANICAL LICENSE AND LIABILITY INSURANCE  
MUST BE IN OUR FILES BEFORE WE CAN ESTABLISH AN ACCOUNT FOR YOU.**

**HEATING & AIR CONDITIONING CONTRACTOR INFORMATION**

Previous Employer (If in Business less than 2 years)	
Present Income from Business	
Source of other Income	
Is entire time devoted to this business?	
Business site owned or rented?	
Amount of equity	
Sales volume last year	
Expected sales volume this year	
Home address (If in business less than 2 years)	

Percent of Business	Heating/AC%		Residential%		Service %		Commercial %	
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**SHOEMAKER SALES REPRESENTATIVE COMMENTS**



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 HOLLAND, MI 49423  
 PHONE: (616) 392-7135

**GUARANTY**

For good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the undersigned, and if more than one, each of them, jointly and severally, (hereinafter jointly and severally "Guarantor(s)") unconditionally and personally guarantee all obligations of Applicant(s) to Shoemaker, Inc and/or Shoemaker of Indiana, Inc. including but not limited to payment of all amounts, including invoice amounts, late payment charges, attorney fees and costs and any other indebtedness, which may now or at any time in the future may be owing by the Applicant(s), or any successor thereof, to Shoemaker, Inc. and/or Shoemaker of Indiana, Inc. This is an open, unlimited and continuing guaranty. It is not limited by Applicant(s)' credit estimate. In case of any default in relation to this Guaranty, Guarantor(s) shall pay Shoemaker, Inc. and/or Shoemaker of Indiana, Inc.'s reasonable attorney fees and costs, even if no action is filed. If any action is filed, Guarantor(s) shall pay Shoemaker, Inc. and/or Shoemaker of Indiana, Inc.'s reasonable attorney fees and costs (whether in the state or federal courts, including but not limited to the bankruptcy courts), for any court ordered arbitration, on any appeal, and on denial of any petition for review. This Guaranty shall be deemed to be executed in Ottawa County, Michigan. This Guaranty shall be governed by and construed in accordance with of the principal state of delivery of the goods to Applicant(s) without resort to its principles on conflict of laws. The Guarantor(s) agree that any and all credit extended to the Applicant(s) is done so by Shoemaker, Inc. and/or Shoemaker of Indiana, Inc. in material reliance on this Guaranty notwithstanding any other rights or remedies Shoemaker, Inc. and/or Shoemaker of Indiana, Inc. may have now or at any time in the future relating to the collection of such sum(s) by lien, contract, bond, equity or otherwise. This Guaranty shall not be affected by any settlement, extension, modification or amendment of the terms of any obligation of Applicant(s) or with any guarantor who is not party to such settlement, extension, modification, or amendment. This Guaranty shall not be affected by the discharge, death, dissolution, liquidation or release of any obligation of Applicant(s) or any guarantor or guarantors. Notice of acceptance of this Guaranty, notice of non-payment, notices of non-performance, notices of amount of indebtedness outstanding at any time and all other rights to notices and actions by Shoemaker, Inc. and/or Shoemaker of Indiana, Inc. and any rights to extension, composition or otherwise are hereby fully, unconditionally and irrevocably waived by the Guarantor(s). This Guaranty shall bind as the circumstances may require, not only to the immediate parties hereto, but also their respective heirs, executors, administrators, personal representatives, successors in interest and assigns.

**BY SIGNING YOU AGREE TO ALL THE TERMS OF THIS GUARANTY PERSONALLY**

Signature		Signature	
Date		Date	
Print or type name		Print or type name	
Social Security Number		Social Security Number	
Home address		Home address	
City, State, Zip		City, State, Zip	

**AUTHORIZATION TO OBTAIN A PERSONAL CREDIT REPORT**

The undersigned hereby consent(s) to Shoemaker, Inc. and/or Shoemaker of Indiana, Inc. the use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit contemplated by this credit application. The undersigned hereby authorize(s) Shoemaker, Inc. and/or Shoemaker of Indiana, Inc. to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as (an) individual(s) hereby knowingly consent to the use of such credit report consistent with Federal Fair Credit Reporting Act as contained in 15 U.S.C @1681 et seq.

Name		Name	
Signature		Signature	
SSN		SSN	

Indiana Department of Revenue
General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft. Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue.

Section 1 (print only)
Name of Purchaser
Business Address City State Zip
Purchaser must provide minimum of one ID number below.\*
Provide your Indiana Registered Retail Merchant's Certificate TID and LOC Number as shown on your Certificate. TID# (10 digits) LOC# (3 digits)
If not registered with the Indiana DOR, provide your State Tax ID Number from another State. State ID# State of Issue
\*See instructions on the reverse side if you do not have either number.

Section 2
Is this a blanket purchase exemption request or a single purchase exemption request? (check one)
Description of items to be purchased.

Section 3
Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)
Sales to a retailer, wholesaler, or manufacturer for resale only.
Sale of manufacturing machinery, tools, and equipment to be used directly in direct production.
Sales to nonprofit organizations claiming exemption pursuant to Sales Tax Information Bulletin #10. (May not be used for personal hotel rooms and meals.)
Sales of tangible personal property predominately used (greater than 50 percent) in providing public transportation - provide USDOT#. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a school bus operator, must provide their SS# or FID# in lieu of a State ID# in Section #1. USDOT#
Sales to persons, occupationally engaged as farmers, to be used directly in production of agricultural products for sale. Note: A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.
Sales to a contractor for exempt projects (such as public schools, government, or nonprofits).
Sales to Indiana Governmental Units (agencies, cities, towns, municipalities, public schools, and state universities).
Sales to the United States Federal Government - show agency name. Note: A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in lieu of a State ID#.
Other - explain.

Section 4
I hereby certify under the penalties of perjury that the property 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, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.
I confirm my understanding that misuse, (either negligent or intentional), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.
Signature of Purchaser Date
Printed Name Title

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.
Seller must keep this certificate on file to support exempt sales.

**Form ST-105**  
**General Information and Instructions**

All four (4) sections of the ST-105 must be completed or the exemption is not valid and the seller is responsible for the collection of the Indiana sales tax.

**Section 1 Instructions**

- A) **This section requires an identification number.** In most cases this number will be an Indiana Department of Revenue issued Taxpayer Identification Number (TID# - see note below) used for Indiana sales and/or withholding tax reporting. If the purchaser is from another state and does not possess an Indiana TID#, a resident state's business license, or State issued ID# must be provided.
- B) **Exceptions** - For a purchaser not possessing either an Indiana TID# or another State ID#, the following may be used in lieu of this requirement.
- Federal Government** – place your FID# in the State ID# space.
- Farmer** – place your SS# or FID# in the State ID# space.
- Public transportation haulers** operating under another motor carrier authority, or with a contract as a school bus operator, must indicate their SS# or FID# in the State ID# space.
- Nonprofit Organization** – must show its FID# in the State ID# space.

**Section 2 Instructions**

- A) Check a box to indicate if this is a single purchase or blanket exemption.
- B) Describe product being purchased.

**Section 3 Instructions**

- A) Purchaser must check the reason for exemption.
- B) Purchaser must be able to provide additional information if requested.

**Section 4 Instructions**

- A) Purchaser must sign and date the form.
- B) Printed name and title of signer must be shown.

**Note:** The Indiana Taxpayer Identification Number (TID#) is a ten (10) digit number followed by a three (3) digit LOC#. The TID# is also known as the following:

- a) Registered Retail Merchant Certificate
- b) Tax Exempt Identification Number
- c) Sales Tax Identification Number
- d) Withholding Tax Identification Number

The Registered Retail Merchant Certificate issued by the Indiana Department of Revenue shows the TID# (10 digits) and the LOC# (3 digits) at the top right of the certificate.