



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



507 CHICAGO DRIVE
 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	

Michigan Sales and Use Tax Certificate of Exemption

TO BE RETAINED IN THE SELLER'S RECORDS - DO NOT SEND TO TREASURY.

This certificate is invalid unless all four sections are completed by the purchaser.

SECTION 1: CHECK ONE OF THE FOLLOWING

- One time purchase
- Blanket certificate (Note: A blanket certificate is valid for four years from the date of signature unless an earlier expiration date is listed below)
Expiration date, if less than four years: _____.

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made under this certificate from _____ and certifies
(Vendor's Name)
that this claim is based upon the purchaser's proposed use of the items or services, or the status of the purchaser.

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

- All items purchased
- Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

- For Resale at Retail - Sales Tax Registration Number: _____
- For Resale at Wholesale - No Tax Number Required
- For Lease - Use Tax Registration Number: _____
- Agricultural Production ____% - No Tax Number Required (Describe): _____
- Industrial Processing ____% - No Tax Number Required
- Government Entity, Nonprofit School, Nonprofit Hospital, and Church (Circle type of organization.)
- Nonprofit Internal Revenue Code Section 501(c)(3) and 501(c)(4) Exempt Organizations (Attach copy of IRS letter ruling).
- Nonprofit Organizations with an Exempt letter from the State of Michigan (Attach a copy of State's letter)
- Multiple Points of Use (claim ONLY for electronically delivered software - purchaser assumes tax payment obligation)
- Direct Mail (delivered to multiple taxing jurisdictions - purchaser assumes tax payment obligation)
- 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.

Purchaser Street Address

Area Code / Telephone No. City State Zip Code

Signature and Title Date Signed

Name (Print or Type)