



**HARBOR STEEL & SUPPLY CORPORATION**

DISTRIBUTING FERROUS AND NON-FERROUS METAL TO INDUSTRY SINCE 1952

1115 E. BROADWAY MUSKEGON, MI 49444

PHONE (231)-739-7152 • (800)-858-4201 • FAX (231)-733-0544

**APPLICATION FOR CREDIT**

**From  
Harbor Steel and Supply Corporation – West Virginia Operations**

The following information is for the purpose of obtaining credit and is warranted to be true. I/we authorize Harbor Steel & Supply Corporation to investigate the references listed below pertaining to this credit application.

Date:  Company name:

D.B.A.:

Street Address:

City:  State:  Zip code:  DUNS#:

Phone:  Fax:  Email:

Invoices:  Emailed  Mailed Billing Address if different:

Federal I.D. #:  Subject to sales tax:  Yes  No

Type of sales tax exemption:  Industrial Processing  Resale Other (describe):

State:  KY  MI  WV State Permit #:

Business organization:  Corporation  Partnership  Proprietorship  LLC

Number of years in business :  Number of years in present management:

Amount of credit requested: \$  Person to contact concerning payments:

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Trade References**

	Name	Address/City/State	Contact Name	Email
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Credit terms: Payment terms to be communicated upon notification of approval of application. The customer agrees to assume liability for any State Sales Taxes if assessed against Harbor Steel; agrees to pay all collection costs to collect past due accounts, including but not limited to legal fees and court costs, and agrees to pay finance charges on past due invoices at the rate of 18% per annum or the legal rate of interest in the state of business, whichever is lower.

\*Signed: \_\_\_\_\_ \*Date:

\*Printed name and title:

When completed, please submit to Teresa Stevens at [tstevens@harborsteel.com](mailto:tstevens@harborsteel.com) or via fax at 231-246-1690.

**PERSONAL GUARANTEE**

In consideration of credit which has been, or will be extended to the named company, the undersigned does unconditionally, personally, and individually guarantee to Harbor Steel & Supply Corporation the payment of any and all indebtedness that may be due now or which may become hereafter due, such amount to include attorney fees incurred in the enforcement and collection of said indebtedness as a result of this agreement. This guarantee shall be for the amount owing but not to exceed \$500,000.00 and this guarantee shall run until December 31, 2050.

Company name:

\*Signed: \_\_\_\_\_ \*Date:

\*Printed name:  \*Home phone:

\*Home address:

\*City:  \*State:  \*Zip:

\*Driver's license number:  \*Date of Birth:

\* Designates a required field

Revision: 1.00  
Issue Date: 05/21/1996

### HARBOR STEEL CUSTOMER PROFILE

CUSTOMER: \_\_\_\_\_ DATE: \_\_\_\_\_

SHIP TO ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_  
FAX: \_\_\_\_\_

Pack Type:

- SKID
- BUNDLES
- BOXED
- WRAPPED
- SHRINK WRAPPED

Unload Type:

- FORKLIFT SIDE
- FORKLIFT REAR
- OVERHEAD CRANE
- SHEET LIFTER
- HAND UNLOAD

Max Skid Weight \_\_\_\_\_

Max BundleWgt. \_\_\_\_\_

Weight Capacity \_\_\_\_\_

Receiving Hours \_\_\_\_\_

Receiving Days \_\_\_\_\_

Receiving Lunch Hours \_\_\_\_\_

Receiving Manager \_\_\_\_\_

Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Delivery Call:  Yes  No

Tolerances on Processing:

Standard Warehouse tolerance +1/8" -0.0" If different, please specify \_\_\_\_\_

Special Instruction: Please Specify

Customer Instructions \_\_\_\_\_

Warehouse Instructions \_\_\_\_\_

**Do not send this form to the Streamlined Sales Tax Governing Board.  
Send the completed form to the seller and keep a copy for your records.**

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possible civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

**1. Check if you are attaching the Multistate Supplemental form.**

**If not, enter the two-letter abbreviation** for the state under whose laws you are claiming exemption.

**2. Check if this certificate is for a Single Purchase Certificate.** Enter the related invoice/purchase order # \_\_\_\_\_.

**3. A. Name of purchaser**

B. Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

C. Purchaser's tax ID number \_\_\_\_\_ State of Issue \_\_\_\_\_ Country of Issue \_\_\_\_\_

D. If no tax ID number, enter one of the following: FEIN \_\_\_\_\_

E. Driver's License Number/State Issued ID number \_\_\_\_\_ State of Issue \_\_\_\_\_

F. Foreign diplomat number \_\_\_\_\_

G. Name of seller from whom you are purchasing, leasing or renting \_\_\_\_\_

H. Seller's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Print or type

**4. Purchaser's Type of business.** Circle the number that best describes your business.

Circle type of business

- |   |                                       |
|---|---------------------------------------|
| 01 Accommodation and food services            | 11 Transportation and warehousing     |
| 02 Agriculture, forestry, fishing, hunting    | 12 Utilities                          |
| 03 Construction                               | 13 Wholesale trade                    |
| 04 Finance and insurance                      | 14 Business services                  |
| 05 Information, publishing and communications | 15 Professional services              |
| 06 Manufacturing                              | 16 Education and health-care services |
| 07 Mining                                     | 17 Nonprofit organization             |
| 08 Real estate                                | 18 Government                         |
| 09 Rental and leasing                         | 19 Not a business                     |
| 10 Retail trade                               | 20 Other (explain) _____              |

**5. Reason for exemption.** Circle the letter that identifies the reason for the exemption.

Circle or check reason for exemption

- |  |   |
|--|---|
| A Federal government (Department) _____  | H Agricultural Production # _____             |
| B State or local government (Name) _____ | I Industrial production/manufacturing # _____ |
| C Tribal government (Name) _____         | J Direct pay permit # _____                   |
| D Foreign diplomat # _____               | K Direct Mail # _____                         |
| E Charitable organization # _____        | L Other (Explain) _____                       |
| F Religious organization # _____         | M Educational Organization # _____            |
| G Resale # _____                         |   |

**6. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.**

Sign here

Signature of authorized purchaser \_\_\_\_\_ Print name here \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name of Purchaser \_\_\_\_\_

State	Reason for exemption	Identification number (if required)
AR	_____	_____
GA	_____	_____
IA	_____	_____
IN	_____	_____
KS	_____	_____
KY	_____	_____
MI	_____	_____
MN	_____	_____
NC	_____	_____
ND	_____	_____
NE	_____	_____
NJ	_____	_____
NV	_____	_____
OH	_____	_____
RI	_____	_____
OK	_____	_____
SD	_____	_____
TN	_____	_____
UT	_____	_____
VT	_____	_____
WA	_____	_____
WI	_____	_____
WV	_____	_____
WY	_____	_____

*SSUTA Direct Mail provisions are not in effect for Tennessee.*

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.

State	Reason for exemption	Identification number (if required)
XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____
XX	_____	_____