



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 – Kentucky 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: County:

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(s) where exempt: State Permit #: DUNS#:

Business Organization Corporation ☐ Partnership ☐ Proprietorship ☐ LLC

Number of years in Business: Number 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 Wendy Wright at AR@harborsteel.com or via fax at 231-246-1957.

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 _____

Important—Certificate not
valid unless completed.

RESALE CERTIFICATE

Check Applicable Block

Blanket ☐

Single Purchase ☐

I hereby certify that _____
Name of Business Address

holds a valid Sales and Use Tax Permit, Account No. _____, issued pursuant to the sales and use tax law and is engaged in the business of selling, leasing or renting, industrial processing or manufacturing the following:

I further certify that the tangible personal property, digital property, or (effective on or after 7/1/2019) taxable services enumerated in KRS 139.200(g)-(q) described herein which I shall purchase from:

Harbor Steel and Supply Corporation

Name of Seller

Address

will be resold in the regular course of business, or leased or rented, as provided by Regulation 103 KAR 28:051, or used, as provided in KRS 139.470(9), in the manufacture or industrial processing of tangible personal property or digital property which will be resold. In the event any property or service purchased under this certificate is used for any purpose other than retention, demonstration or display while holding it for sale, lease or rental in the regular course of business, it is understood that I am required by law to report and pay the tax measured by the purchase price of such product. Description of product to be purchased:

Under penalties of perjury, I swear or affirm that the information on this certificate is true and correct as to every material matter.

Authorized Signature (Owner, Partner or Corporate Officer)

Title

Date

CAUTION TO SELLER: Contractors or other persons registered under a consumer number in the 900,000 series may not issue a resale certificate for any purchase. Sellers accepting certificates from such persons will be held liable for the sales or use tax.

NOTE: Any person who makes improper use of this certificate is subject to such penalties as provided by law including the criminal provisions of KRS 139.990(1).

Streamlined Sales Tax Agreement
Certificate of Exemption

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 _____

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

- | | |
|--|---|
| 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.

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 | | |

Form ST-105State Form 49065
(R6 / 12-22)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, Aircraft, or Gasoline. In addition, this exemption certificate may not be issued by a nonprofit organization.** 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. A valid certificate also serves as an exemption certificate for (1) county innkeeper's tax and (2) local food and beverage tax.

Section 1 (print only)

Name of Purchaser: _____

Business Address: _____ City: _____ State: _____ ZIP Code: _____

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 Number (10 digits): _____ - LOC Number (3 digits): _____

If not registered with the Indiana DOR, provide your State Tax ID Number from another State

***See instructions on the reverse side if you do not have either number.**

State ID Number: _____ State of Issue: _____

Section 2Name of Seller: Harbor Steel & Supply Corp.

Address of Seller: _____ City: _____ State: _____ ZIP Code: _____

Section 3Is this a ☐ blanket purchase exemption request or a ☐ single purchase exemption request? (check one)

Description of items to be purchased: _____

Section 4

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 of tangible personal property predominately used (greater than 50 percent) in providing **public transportation** - provide USDOT Number. 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 SSN or FID Number in lieu of a State ID Number in Section 1.
- USDOT Number: _____
- ☐ 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 Number may enter a FID Number or a SSN in lieu of a State ID Number 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 Number.
- ☐ Other - explain. _____

Section 5

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, aircraft, or gasoline. I further attest that the property purchased is not being purchased by a nonprofit organization.

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.

Instructions for Completing Form ST-105

All five 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

- 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 Number, a resident state's business license, or State issued ID Number must be provided.
- B) Exceptions -** For a purchaser not possessing either an Indiana TID Number or another State ID Number, the following may be used in lieu of this requirement.
- Federal Government** – place your FID Number in the State ID Number space.
- Farmer** – place your SSN or FID Number in the State ID Number space.
- Public transportation haulers** operating under another motor carrier authority, or with a contract as a school bus operator, must indicate their SSN or FID Number in the State ID Number space.

Section 2

- A) Enter the seller's name and address.

Section 3

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

Section 4

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

Section 5

- 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 digit number followed by a three digit LOC Number. 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.



Sales and Use Tax Blanket Exemption Certificate

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

Harbor Steel & Supply Corp.

(Vendor's name)

and certifies that the claim is based upon the purchaser's proposed use of the items or services, the activity of the purchase, or both, as shown hereon:

Purchaser must state a valid reason for claiming exception or exemption.

Purchaser's name

Purchaser's type of business

Street address

City, state, ZIP code

Signature

Title

Date signed

Vendor's license number, if any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchaser must comply with either rule 5703-9-10 or 5703-9-25 of the Administrative Code. This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.