

Credit Application

BCS Industrial Solutions, Inc.
 205 Osborne Rd.
 Fridley, MN 55432
 Ph. 763-571-8700, Fax 763-571-8702

Contact Information	
Business	Billing
Business Legal Name:	AP Contact Name:
Address:	Address (if different)
Phone:	Phone:
Fax:	Fax:
E-mail:	Email:

General Company Information	
Type of Business and Number of Employees:	Owner/Principle Officer and Title:
Year Business Started:	Federal Tax ID Number:
<p style="text-align: center;">Sales Tax Status</p> <input type="checkbox"/> Taxable <input type="checkbox"/> Exempt - Exempt Number _____, State _____ Please provide completed Certificate of Exemption	
Legal Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non-Profit If a corporation- provide Date of Incorporation and State:	

Trade References – (Provide 3)	
1. Company:	Contact Name:
Address:	
Phone:	Fax:
2. Company:	Contact Name:
Address:	
Phone:	Fax:
3. Company:	Contact Name:
Address:	
Phone:	Fax:

Bank Reference	
Bank Name:	Address:
Phone:	Type of Account and Number:

SALES TERMS: We agree to pay all invoices within 30 days and understand that interest will be charged on all past due balances at a rate of 1 ½% per month.

We certify that all the information on this form is correct. We fully understand your terms and conditions of sale and agree to proper payment in consideration of extended credit. We agree to pay the cost of collections including attorney fees. You are authorized to check our credit history and inquire about our credit experience with our bank and references provided.

Signature of Officer/Owner

Title

Date

Certificate of Exemption

Purchaser: Complete this certificate and **give it to the seller.**

Seller: If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity, name and specific project:

Exempt entity name _____ Project description _____

Please print	Name of purchaser _____			
	Business address _____		City _____	State _____ Zip code _____
	Purchaser's tax ID number _____		State of issue _____	Country of issue _____
	If no tax ID number, enter one of the following:	FEIN _____	Driver's license number/State issued ID number _____ state of issue _____ number _____	
	Name of seller from whom you are purchasing, leasing or renting _____			
	Seller's address _____		City _____	State _____ Zip code _____

Type of business	Type of business. Circle the number that describes your business.	
	01 Accommodation and food services	11 Transportation and warehousing
	02 Agricultural, 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 (explain) _____
10 Retail trade	20 Other (explain) _____	

Reason for exemption	Reason for exemption. Circle the letter that identifies the reason for the exemption.	
	A Federal government (department) _____	I Industrial production/manufacturing
	B Specific government exemption (from list on back) _____	J Direct pay permit # _____
	C Tribal government (name) _____	K Multiple points of use (services, digital goods, or computer software delivered electronically)
	D Foreign diplomat # _____	L Direct mail
	E Charitable organization # _____	M Other (enter number from back page) _____
	F Religious or educational organization # _____	N Percentage exemption
	G Resale	<input type="checkbox"/> Advertising (enter percentage) _____ %
	H Agricultural production	<input type="checkbox"/> Utilities (enter percentage) _____ %

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY - If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Sign here	Signature of authorized purchaser _____	Print name here _____	Title _____	Date _____
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