



PAUL W. MARINO GAGES, INC.

21300 MacArthur Blvd.  
Warren, MI 48089-3020 USA

Phone 586-759-2400 e-mail [pwminc@covad.net](mailto:pwminc@covad.net)  
Fax 586-759-2423 web site [www.pmarginage.com](http://www.pmarginage.com)

Dear Customer,

In order to assist our customers in obtaining items they need as easily as possible, Paul W. Marino Gages, Inc. offers an open credit limit of \$250.00 for all first time orders.

Since we have not done business with your company before, however, we require references for any subsequent orders. Enclosed is a copy of our credit application, please fill this out and return to us via fax or mail (attn: Accounting Department), and we will set up an account for your company. If you have a pre-made credit application, feel free to send that instead.

If you do not wish to set up an account, but may need to place an occasional order, we offer C.O.D. terms/shipments. Until we receive a credit application, your "account" will remain C.O.D. We also accept Visa, MasterCard and American Express. Just let us know which terms you prefer.

If you have any questions, or we can be of further assistance, don't hesitate to contact us at the numbers above.

Sincerely,  
Paul W. Marino Gages, Inc.

Application for Credit

Company Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
(if different) \_\_\_\_\_  
\_\_\_\_\_

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

Type of Business \_\_\_\_\_  
Year Started \_\_\_\_\_ Years at present location \_\_\_\_\_  
Type of Organization \_\_\_\_\_ Private Corp. \_\_\_\_\_ Partnership  
\_\_\_\_\_ Public Corp. \_\_\_\_\_ Individual

Officers

| <u>Name</u> | <u>Position</u> | <u>Phone</u> |
|-------------|-----------------|--------------|
| _____       | _____           | _____        |
| _____       | _____           | _____        |
| _____       | _____           | _____        |

References (include account number & contact name)

1<sup>st</sup> Bank \_\_\_\_\_  
Account # \_\_\_\_\_ Contact \_\_\_\_\_

1<sup>st</sup> Firm \_\_\_\_\_ Contact \_\_\_\_\_  
Phone/Fax \_\_\_\_\_

2<sup>nd</sup> Firm \_\_\_\_\_ Contact \_\_\_\_\_  
Phone/Fax \_\_\_\_\_

3<sup>rd</sup> Firm \_\_\_\_\_ Contact \_\_\_\_\_  
Phone/Fax \_\_\_\_\_

Credit Limit Requested \$ \_\_\_\_\_

Federal ID Number \_\_\_\_\_

Shipping / Preferred Carrier

|   | <u>Carrier Name</u> | <u>Account Number</u> |
|---|---------------------|-----------------------|
| 1 | _____               | _____                 |
| 2 | _____               | _____                 |
| 3 | _____               | _____                 |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

\*\*\*\*\*Office use only

Approved  
By: \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_ Entered  
By \_\_\_\_\_ Date \_\_\_\_\_

Route to Accounting on Return

MICHIGAN SALES AND USE TAX EXEMPTION CERIFICATE

The undersigned certifies that all materials and goods of whatever nature purchased from PAUL W. MARINO GAGES, INC. are for:

- \_\_\_\_ 1. The purpose of resale in some tangible form.
- \_\_\_\_ 2. For consumption or use in industrial processing; or
- \_\_\_\_ 3. For consumption or use in the production of horticultural products; or
- \_\_\_\_ 4. Varies with each purchase order; or
- \_\_\_\_ 5. Should be considered taxable; or
- \_\_\_\_ 6. Other.

The undersigned hereby agrees to reimburse the seller the Sales and Use Tax if used or consumed otherwise.

This certificate shall be considered apart of each order, unless otherwise specified in writing and is to continue in force until revoked by notice in writing.

Dated: \_\_\_\_\_

\_\_\_\_\_ Name of Purchasing Corporation

\_\_\_\_\_ Address \_\_\_\_\_ City State Zip Code

\_\_\_\_\_ Tax# \_\_\_\_\_ (Please Sign)

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Title

For Resale Exemption We Must Have Your Sales Tax License Number.  
WITHOUT THIS LETTER, YOUR FUTURE ORDERS WILL BE MARKED TAXABLE.

Route to Accounting on Return