

VALUE PLUS AUTO PARTS WHOLESALE

8121 LIVERNOIS DETROIT, MI 48204

PHONE: 313-837-4144

FAX: 734-931-9991

Application

Credit or Cash

(Circle which applies)

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	Zip:	Phone:

Company Information

Type of Business:	In business since: (date)
Legal Form Under Which Business Operates: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:	In business since: (date)
Name of Company Principal Responsible for Business Transactions:	
Address:	City: State: Zip: Phone:
Name of company Principal Responsible for Business Transactions:	
Address:	City: State: Zip: Phone:

Bank References (If applying for credit)

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Home Equity Loan: Balance:
Address:	Address:	Address:
Phone:	Phone:	Phone:

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Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I understand that weekly purchases are due on Monday of each week or as indicated. I understand and agree that there is a late fee charge of 2% per month on any past due balance and will pay for any expenses incurred in collecting such amount. I also agree to pay a service charge of \$25.00 for any check that may be returned by the bank. It is further mutually understood and agreed should account become delinquent, seller may at its sole option and discretion, suspend credit terms. If any legal action is initiated to collect amounts owing for goods or services purchased hereunder, seller shall be entitled to recover, in addition to all other damages, reasonable collection cost and attorney's fees. I understand and agree to personally guarantee any outstanding balance in the case of a company default on payments. I have read and understand this agreement and by evidence of my signature agree to all terms.

Signature

Date

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Credit Card Payment Authorization

Please Fill Out Form COMPLETELY

Credit Card: Visa | Master Card | Discover

Blanket Authorization (Keep on file) or **One time use** (Authorized purchase amount \$ _____)

Credit Card Number: _____

Expiration Date: _____ **Security Code:** _____

Name EXACTLY as it appears on card: _____

Credit Card Billing Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Cardholder's billing phone number: _____

Business Name: _____

Contact Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone Number: _____

Business Fax Number: _____

I hereby authorize MSJ Automotive Trading LLC, (dba Value Plus Auto Parts Wholesale), to charge my credit card listed above for all purchases and charges.

I agree that if I have a problem or question regarding my order, I will first contact Value Plus Auto Parts Wholesale for assistance before disputing the charges through my credit card issuer. I warrant that I am the authorized cardholder for the credit card account indicated above, that funds are available and that I will perform the obligations set forth in the cardholder's agreement with the credit card issuer.

This authorization will remain in effect until it is specifically revoked in writing. It is the responsibility of the cardholder to notify Value Plus Auto Parts Wholesale of the new expiration date when a credit card has been renewed, or if a card has been cancelled or revoked.

Cardholder Signature

Date

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Michigan Department of Treasury
Form 3372 (Rev. 11-09)

Michigan Sales and Use Tax Certificate of Exemption

DO NOT send to the Department of Treasury. Certificate must be retained in the Seller's Records. This certificate is invalid unless all four sections are completed by the purchaser.

SECTION 1: TYPE OF PURCHASE

One-time purchase.

Blanket certificate.

Order or Invoice Number: _____

Expiration Date (maximum of four years): _____

Blanket Certificate. Recurring business relationship

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made from the vendor listed below. This certifies that this claim is based upon the purchaser's proposed use of the items or services, OR the status of the purchaser.

Vendor's Name and Address:

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

1. All items purchased

2. Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

1. For Resale at Retail. Enter Sales Tax License Number: _____

2. For Lease. Enter Use Tax Registration Number: _____

The following exemptions **DO NOT** require the purchaser to provide a number:

3. For Resale at wholesale

4. Agricultural Production. Enter percentage: _____%

5. Industrial Processing. Enter percentage: _____%

6. Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization)

7. Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization (must provide IRS authorized letter with this form)

8. Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994 (must provide copy of letter with this form)

9. Rolling Stock purchased by an Interstate Motor Carrier

10. 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.

Type of Business (see codes on page 2)	Business Name
Business Address	City, State, ZIP Code
Business Telephone Number (include area code)	Name (Print or Type)
Signature and Title	Date Signed

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Instructions for completing Michigan Sales and Use Tax Certificate of Exemption

The purchaser shall complete all four sections of the exemption certificate to establish a valid exemption claim. A seller must meet a "good faith" standard required by law. "Good faith" means that the seller received a completed and signed Certificate of Exemption from the purchaser. Sellers must retain the exemption certificates for a period of at least four years.

Michigan does not issue "tax exemption numbers". Sellers should not accept a number as evidence of exemption from sales or use tax. A purchaser who claims exemption for "resale at retail" or "for lease" must provide the seller with an exemption certificate and their sales tax license number or use tax registration number.

SECTION 1:

Place a check in the box that describes how you will use this certificate.

- a) Choose "One time purchase" and include the invoice number this certificate covers.
- b) Choose "blanket certificate" if there is a "recurring business relationship." This exists when a period of not more than 12 months elapses between sales transactions between the seller and purchaser.
- c) Choose "Blanket" and enter the expiration date (maximum four years) when there is a period of more than 12 months between sales transactions.

Print the vendor's name and address in the area provided.

SECTION 2:

Place a check in the box for "All items purchased" or choose "Limited to" and list the items that are covered by the exemption claim.

SECTION 3:

Place a check in the box that applies and provide the additional information requested for that exemption. The exemptions listed are the most common. If the exemption you are claiming is not listed use "Other" and enter the qualifying exemption.

SECTION 4:

Use the number that describes your business or explain any other business type not provided.

01	Accommodation	09	Transportation
02	Agricultural	10	Utilities
03	Construction	11	Wholesale
04	Manufacturing	12	Advertising, newspaper
05	Government	13	Hospital
06	Rental or leasing	14	Educational
07	Retail	15	501c3 or 501c4
08	Church	16	Other

Print the name of the business, address, city, state and zip code. Sign and provide your title (i.e. owner, president, treasurer, etc.).

Provide your printed name and date the certificate.

DO NOT SEND THIS EXEMPTION CERTIFICATE TO THE DEPARTMENT OF TREASURY.