



MAGIC COIL PRODUCTS

CUSTOMER PROFILE AND CREDIT APPLICATION

4143 County Rd 61
Butler, IN 46721

Phone 260-868-2645
Fax 260-868-2369

In order for Magic Coil Products, LLC to set up an account for you and approve a credit line, we will need all the information requested on this form. Please answer all questions and have signed by authorized personnel.

Date _____

Legal Name of Business _____

Assumed Name (if any) _____

Street Address _____ County _____

City/State/Zip _____

Mailing Address (If different) _____

City/State/Zip _____

Phone # _____ Fax # _____

Controller _____ Acct. Payable Contact _____

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Type of Business: () Partnership () Proprietorship () Corporation
() Limited Liability Corp () Other

Date of Incorporation or founding of Business _____

Federal Tax I.D. _____

If your company is a subsidiary or division on another entity, please indicate name and relationship _____

Description of Business _____

SIC Code(s) _____ DUNS # _____

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Principals: (Owners, Partners, Officers)

Table with 3 columns: Name & Address, Title, Years with Company. Rows 1, 2, 3.

CREDIT DATA

TRADE REFERENCES:

Name	Address	Phone #	Fax #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____



OTHER DATA:

Is Present Place of Business Owned () or Leased ()

Month your Fiscal Year ends _____

Current Net Worth of Business \$ _____

Approximate initial amount of credit required per month \$ _____

(Credit amount requested is not binding on Seller-Creditor. In some cases financial statements may be required before granting credit.)

Magic Coil Products, LLC, does hereby pledge that any and all financial information released to us will be held in absolute confidence within the Financial Services Dept files and will be used solely for the purpose of determining credit guidelines.

BANK REFERENCES:

1. _____
Bank Name Street City/State/Zip

Types of Accounts: () Checking () Installment Loans
() Line of Credit

Loan Officer _____ Phone # _____
Fax # _____

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2. _____
Bank Name Street City/State/Zip

Types of Accounts: () Checking () Installment Loans
() Line of Credit

Loan Officer _____ Phone # _____
Fax # _____

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I authorize the above financial institution(s) to release credit information to Magic Coil Products.

***Note to Financial Institutions: Please fax responses to Magic Coil Products @ 260-868-2369**

CREDIT TERMS AND POLICY

THE UNDERSIGNED CERTIFIES THAT EVERYTHING STATED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HER/HIS KNOWLEDGE. APPLICANT WARRANTS THAT THIS APPLICATION AND INFORMATION PROVIDED HEREIN IS PRESENTED SOLEY FOR BUSINESS CREDIT PURPOSES ONLY.

MAGIC COIL PRODUCTS, LLC ("MCP") IS AUTHORIZED TO CHECK OUR CREDIT HISTORY AS NECESSARY THROUGH OUR TRADE REFERENCES, BANK REFERENCES AND CREDIT REPORTING AGENCIES. IT IS UNDERSTOOD THAT MCP WILL RETAIN THIS APPLICATION WHETHER OR NOT AN OPEN CREDIT LINE IS GRANTED.

IN CONSIDERATION OF SUCH EXTENSION OF CREDIT IT IS UNDERSTOOD THAT ALL INVOICES SHALL BE DUE AND PAYABLE WITHIN THE TERMS PRINTED THEREON. IN THE EVENT SAID ACCOUNT BECOMES PAST DUE, THE UNDERSIGNED AGREES THAT LATE CHARGES AT THE RATE OF 1% PER MONTH (12% PER ANNUM) MAY BE ADDED FROM THE DUE DATE UNTIL PAID.

ALL PARTIES FURTHER AGREE THAT IN THE EVENT LEGAL ACTION BECOMES NECESSARY THE SAME WILL BE FILED AND TRIED IN DEKALB COUNTY, INDIANA, UNDER THE LAWS OF THE STATE OF INDIANA. DEBTOR AGREES TO PAY ALL COSTS OF COLLECTION (ATTORNEY FEES AND COURT COSTS).

THE UNDERSIGNED FURTHER DECLARES TO MCP THAT HE/SHE IS DULY AUTHORIZED TO SIGN THIS CREDIT APPLICATION FORM ON BEHALF OF THE PERSON AND/OR COMPANY HEREIN REPRESENTED.

Company Name: _____

By: _____
Name Title Date



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Request for Sales Tax Exemption Identification Number

In order to provide documentation in compliance to state regulations, we are required to obtain an originally signed Sales and Use Tax Exemption Certificate from your company. Please complete the following and fax to (260) 868-2369 and return it by mail.

Failure to return this information will result in our company having no choice but to start charging sales tax.

Thank you for your assistance.

Sales and Use Tax Exemption Certificate

Section 1: Check one of the following

- One Time Purchase
- Blanket Certificate

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

Section 2: Items covered by this certificate

- All Items purchased
- Limited to the following items: _____

Section 3: Basis for exemption claim

- Resale – Sales Tax ID Number _____
- Agricultural Production – Sales Tax ID Number _____
- Industrial Processing – Tax ID Number _____

Non-Profit Organizations

- Government Entity, Nonprofit School, Nonprofit Hospital, or Church (Circle Type)
- Internal Revenue Code Section 501(C)(3) and 501(C)(4) Organizations
- Exempt letter from State
- Other (explain) _____

Section 4: Certification

In the event the exemption is disallowed, the purchaser is obligated for the amount of tax involved.

Company Name

Street Address

Area Code/Telephone Number

City State Zip

Signature and Title

Date Signed

Name (Print or Type)

Federal Tax ID

This certificate is invalid unless the purchaser completes all four sections.