



To Our Valued Customers:

In an effort to continually improve our service to you, our valued customers, Brabazon Pump Company is preparing to initiate electronic delivery of invoices. We are presently building our database of customers' email addresses in order to implement this process. In this regard, we are asking that you please submit two email addresses to which we can send invoices. The reason for two addresses is to ensure that if one person is out of the office, someone else will receive the invoices so that they are not delayed.

It has been suggested that you might consider creating an email address specifically for the invoices (for example: invoices@domain.net) and then have an individual's email as the backup for them.

You may send the email addresses that you wish to use to:

slw@brabazon.com

Also, you may write the email addresses below and fax or mail this letter back to us.

Customer #

Fax: 920-429-2952

P.O. Box 10827
Green Bay, WI 54307-0827

If you have any questions, please feel free to call me at 920-498-6020 Ext. 1228.

Thank you for your cooperation,

Sherry Westby
Credit Department
Brabazon Pump Company



Credit Application

Date: _____

Business: _____ Federal Tax ID #: _____

Phone #: _____ Fax #: _____

Mailing Address: _____
(Street) (City) (State) (Zip) (County)

Shipping Address: _____
(If Different Than Mailing Address)

Type of Business? _____ Date Established: _____

How Long in Business? _____ DUNS Number: _____

Number of Employees? _____ Est. Annual Sales: \$ _____

Ownership: _____ Sole Ownership _____ Partnership _____ Corporation

Principal: _____
(Name) (Title) (SS#) (Home Address)

Principal: _____
(Name) (Title) (SS#) (Home Address)

Principal: _____
(Name) (Title) (SS#) (Home Address)

Trade Reference:

<u>Name</u>	<u>Address</u>	<u>Fax #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



Bank Reference: _____ Checking _____ Loan _____ Savings

_____ (Name) _____ (Address) _____ (Acct. #) _____ (Contact)

_____ (Name) _____ (Address) _____ (Acct. #) _____ (Contact)

_____ (Name) _____ (Address) _____ (Acct. #) _____ (Contact)

Has the Firm or any of its principals ever been bankrupt? _____ Yes _____ No

If yes, please explain: _____

Line of Credit Requested: \$ _____

Do You Require a P.O.# For All Orders? _____ Yes _____ No

Is a Verbal P.O. Authorized? _____ Yes _____ No

Person to Contact About Account: _____ (Name) _____ (Title)

The undersigned will/will not submit a financial statement. Any misrepresentation in this application will be considered evidence of a fraud, since this information is the basis for the granting of credit.

As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed.

_____ (Name) _____ (Title) _____ (Name) _____ (Title)

_____ (Name) _____ (Title) _____ (Name) _____ (Title)

Credit Department Use Only

Date Line of Credit Approved: _____

Date Line of Credit Denied: _____

Comments: _____

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.
Order or Invoice Number: _____

Blanket certificate.
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	Brabazon Pumpe Co., LTD (FEIN 39-1311715) P.O. Box 10827, Green Bay, WI 54307-0827
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SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

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

SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

- For Resale at Retail. Enter Sales Tax License Number: _____
- For Lease. Enter Use Tax Registration Number: _____

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

- For Resale at wholesale
- Agricultural Production. Enter percentage: _____%
- Industrial Processing. Enter percentage: _____%
- Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization)
- Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization (must provide IRS authorized letter with this form)
- 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)
- Rolling Stock purchased by an Interstate Motor Carrier
- 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

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.