



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: _____

Certificate of Exemption

Purchaser: Complete this certificate and **give it to the seller.** Do not send to the Department of Revenue.

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

Check one
 Single purchase certificate **Blanket certificate** (if checked, this certificate continues in force until cancelled by the purchaser)

Name of purchaser's business or organization _____

Business address _____

City _____ State _____ Zip code _____

Purchaser's state tax ID number _____ State of issue _____

If no number, give reason _____

Name of seller from whom you are purchasing, leasing or renting _____

Seller's address _____

City _____ State _____ Zip code _____

Describe the nature of your business or organization. Include a description of the items normally sold in your business, if applicable.

Describe the items for which you are claiming exemption.

Circle the exemption reason code. Enter the number or title where applicable.

Code	Description
A	Agricultural or industrial production.
B	Direct pay. Enter DP# _____
C	Exempt organization. Enter ES# or type of group _____
D	Motor carrier direct pay. Enter MCDP# _____
E	Multiple points of use.
F	Percentage exemption. <input type="checkbox"/> Advertising (enter percentage) _____% <input type="checkbox"/> Utilities (enter percentage) _____%
G	Resale.
H	Resource recovery facility. Enter CN# _____
I	Other. Enter title _____

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.)

Signature of authorized purchaser _____	Print name here _____	Phone _____	Date _____
		()	

If you have questions, call 651-296-6181. TTY: Call 711 for Minnesota Relay.
Forms and fact sheets are available on our website at www.taxes.state.mn.us.

Print or type

Describe business/
exempt items

Type of exemption

Sign here