

All Star Equipment, LLC and/or ASE Leasing, LLC

CREDIT APPLICATION

Business Entity Name _____ Years in Business _____
Street Address _____
City _____ State _____ Zip/Code _____
Phone _____ Fax _____ Mobile _____
Federal ID # _____ Tax Exempt # _____ ICC # _____
Email Address _____ # of Vehicles in Fleet _____

TYPE OF ORGANIZATION			
CORPORATION <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	LIMITED LIABILITY COMPANY <input type="checkbox"/>	PROPRIETORSHIP <input type="checkbox"/>
Name _____		Address _____	
Title _____		City _____	
SS# _____		State/Zip _____	
Name _____		Phone _____	
Title _____		Corporation/LLC Date _____	
SS# _____		Authorized Agent/Member _____	

BANK REFERENCES	
Bank Name _____	Account # _____
Address _____	Contact Person _____
Phone # _____	Fax # _____

CREDIT REFERENCES		
Name	Phone Number	Fax Number *REQUIRED
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

We hereby certify that the above information is correct and understand that All Star Equipment LLC/ASE LEASING LLC is authorized to contact any references/banks listed above. In consideration for the credit extended to the above named company, I personally guarantee timely payment to All Star Equipment LLC/ASE LEASING LLC of all amounts now owing and hereafter accruing by the company jointly and with all other persons liable. The company understands that if any amount owed is not timely paid, the company/applicant shall pay all amounts owed, including attorney fees and collection costs. This Agreement shall be governed, construed, and enforced in accordance with the laws of the State of Michigan. The parties agree that any disputes or collections will be brought in any court having jurisdiction in Kent County, Michigan.

Signed By: _____
Print Name/Title: _____
Date: _____

Signed By: _____
Print Name/Title: _____
Date: _____

If sales tax exempt, you must fill out the attached exemption certificate and include a copy of your ICC authority if applicable. Terms for payment are net 30 days.

Please fax your completed application (616) 878-4109. Thank you!

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

All Star Equipment LLC and/or ASE Leasing LLC 1251-100th St Byron Center MI

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

All-Star Equipment, LLC

ELECTRONIC PAYMENT TRADING PARTNER ENROLLMENT FORM

Complete this form and send to: All-Star Equipment, LLC
Attn: Matt McCauley

Your Company

Name: _____

Address: _____

Contact: _____

Phone: _____ Fax: _____

Taxpayer ID Number: _____

Your Financial Institution

Bank Name: _____

Address: _____

Bank Transit & Routing Number: _____

Phone: _____ Fax: _____

Account No.: _____

Name(s) on the Account: _____

TERMS AND CONDITIONS FOR ELECTRONIC FUNDS TRANSFER

This is an agreement between All-Star Equipment, LLC (Hereinafter referred to as the Company) and _____ (Hereinafter referred to as the Correspondent).

The Correspondent agrees to accept debit/credit entries by the Company through electronic funds transfer and that we can rely exclusively on the information you supplied on the enrollment form. This applies to and amends all existing agreements with the Company by incorporating the following terms and conditions for electronic debits/credits.

The company will initiate debit/credit entries to you based on the following:

1. The electronic funds transfer transaction will be forwarded to the financial institution and account number on this enrollment form.
2. We will make debit entries in accordance with and be governed by the National Automated Clearing House Association's payment rules.
3. The information you provided on this form is very important. You understand that any change in the information must be communicated to All-Star Equipment, LLC by an authorized representative of your Company in writing to All-Star Equipment, LLC in time to allow All-Star Equipment, LLC to respond to this change. All-Star Equipment, LLC will be considered harmless for any loss which may arise solely by reason of error, mistake or fraud regarding this information.
4. Debits are initiated with normal terms of our commercial agreement with you. Our EFT terms and conditions neither enlarges nor diminishes the respective rights and obligations of us within any applicable commercial agreement. We will consider payment made when your financial institution has received and posted the payment. This will generally occur within three (3) business calendar days following initiation by All-Star Equipment, LLC.
5. All-Star Equipment, LLC has the right to make adjustments if debits previously made are found to be duplicate, in excess of requirements, fraudulent, or in error.
6. All-Star Equipment, LLC is responsible for making all entries with this Agreement. All-Star Equipment, LLC is responsible up to the point where your financial institution receives or has control of the transaction.

You should notify All-Star Equipment, LLC immediately if the entry did not post as described in item 4 above.

7. Electronic Funds Transfer can be terminated by either party providing that notification is in writing and both parties agree on the termination date. Otherwise we will continue to make electronic payments to you as specified. Written notice to you will be sent to the address provided on the Enrollment Form.

Name (print): _____

Signature: _____

Title: _____ Date: _____