

Innovative Technologies Group/SPI Innovations

www.itgmi.com

Michigan REMC Contract

New Account Information Sheet

Organization Name:	
Invoice Address:	
Invoice Address:	
City, State Zip	
Accts Payable Contact	
Telephone #	
Fax Number:	
Email Address	
Shipping Address*	
Shipping Address	
City, State Zip	
Shipping Contact	
Telephone #	
Fax Number:	
Email Address:	
TAX ID Number:	
Purchase Order Rq'd	Y N

- Additional Shipping addresses can be included on a purchase order, or add additional addresses with this information sheet

Payment Terms: Payment of all invoices are due within 15 days of the invoice date. Late fees of \$25 per invoice plus 1.5% of the unpaid balance will be added to invoices not paid within 30 days of the date of the invoice. Invoice discrepancies must be brought to our attention in writing to Lisa Campbell at 1663 Champagne Drive North, Saginaw, MI 48604 within 15 days after receipt of invoice.

G5085 Miller Road, Suite B
Flint, MI 48507
Tel: 810-733-7460
Fax: 810-733-5434

1663 Champagne Dr. North
Saginaw, MI 48603
Tel: 989-790-0511
Fax: 989-790-2340

Innovative Technologies Group / SPI Innovations

Sales Tax Exemption Certificate

State of Michigan

This is to certify that all services, materials, merchandise or goods purchased by the undersigned from Innovative Technologies

Group after (date) _____ will be purchased for:

- Resale at retail - Sales Tax Registration Number _____
- At Wholesale - No Number Required
- Agricultural Production (Describe) _____
- Industrial Processing
- Government Entity, Nonprofit School, Nonprofit Hospital, or Church (Circle type of organization)
- Internal Revenue Code Section 501 (c)(3) and 501 (c)(4) Organizations (Attach documentation)
- Exempt (Attach letter from the State of Michigan)
- Other (Specify): _____

and is exempt from the state of Michigan sales and use tax. Description of property to be purchased

Nature of Purchaser's Business _____

Purchaser assumes full liability for payment direct to the applicable tax authority of any tax due if he uses or consumes the property purchased for a taxable purpose or this claim is disallowed. **This Blanket certificate shall be considered part of each order until revoked.**

Purchaser _____

DBA(Name registered with tax jurisdiction) _____

Signature _____ Title _____

Printed Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

State Registration License Number or other documentation _____

Effective Date or exemption _____

Expiration date of exemption _____

A blanket certificate is valid for three years from date of signature unless an earlier expiration date is listed below:

Expiration date, if less than three years: _____

Authorized: _____