

Wholesale Customer Application

Business name: \_\_\_\_\_

Name of owner(s): \_\_\_\_\_

Email: \_\_\_\_\_

Financial department contact: \_\_\_\_\_

Email: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Wholesale customers are legitimate businesses who purchase plants for resale.

Please provide us with a voided copy of a check, deposit slip, credit card/ debit statement imprinted with the business name and address. Check box if attached.

How many years have you been in business? \_\_\_\_\_

Are you a: plant retailer plant re-wholesaler contractor other/ specify: \_\_\_\_\_

Are you a: DBA Corporation other/ specify: \_\_\_\_\_

EIN Number: \_\_\_\_\_

Do you have a website or social media presence? yes no Link: \_\_\_\_\_

Are you tax exempt? yes no Please fill out the attached tax exempt form, choosing Box B.

Do you have a Nursery Salesman's license? yes no Please provide us with a copy.

Please provide us with the name and contact information of 3 businesses you have a wholesale relationship with

Table with 3 rows for business contact information.

Wholesale pricing is extended to some non-profits, government agencies and educational institutions and is determined on a case by case basis. If you are non-profit, please provide documentation of your state and federal non-profit status.

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Michigan Sales and Use Tax Certificate of Exemption

This exemption claim should be completed by the purchaser, provided to the seller, and is not valid unless the information in all four sections is complete. Do not send a copy to Treasury unless one is requested.

## SECTION 1: TYPE OF PURCHASE

- Check one of the following:
- A. One-Time Purchase  
Order or Invoice Number: \_\_\_\_\_
- B. Blanket Certificate. Recurring Business Relationship
- C. Blanket Certificate  
Expiration Date (maximum of four years): \_\_\_\_\_

The purchaser completing this form hereby claims exemption from tax on the purchase of tangible personal property or services purchased from the seller named below. This claim is based upon: the purchaser's proposed use of the property or services; OR the purchaser's exempt status.

Seller's Name and Address

## 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 Lease. Purchaser will lease the property and elects to pay tax based on rental receipts. Enter sales tax license or use tax registration number: \_\_\_\_\_
- For Resale at Retail. Enter Sales Tax License Number: \_\_\_\_\_
- Direct Pay - Authorized to pay use tax on qualified transactions directly to Michigan Treasury under account number: \_\_\_\_\_

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

- Agricultural Production. Enter percentage: \_\_\_\_\_%
- Government Entity (U.S. or its instrumentalities, State of Michigan or its political subdivisions), Nonprofit School, Nonprofit Hospital, Church or House of Religious Worship (circle type of organization)
- Contractor (provide *Michigan Sales and Use Tax Contractor Eligibility Statement* (Form 3520)).
- For Resale at Wholesale.
- Industrial Processing. Enter percentage: \_\_\_\_\_%
- Nonprofit Internal Revenue Code Section 501(c)(3), 501(c)(4), or 501(c)(19) Exempt Organization.
- Nonprofit Organization with an authorized letter issued by Michigan Department of Treasury prior to July 17, 1998 (sales tax) or June 13, 1994 (use tax).
- 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.

|   |       |  |
|---|-------|--|
| Business Name                                 |       | Type of Business (see codes on page 2) |
| Business Address                              |       | City, State, ZIP Code                  |
| Business Telephone Number (include area code) |       | Name (Print or Type)                   |
| Signature                                     | Title | Date Signed                            |