



2822 N. Martin Luther King Jr. Blvd.  
Lansing, Michigan 48906  
Telephone: 517.485.5700  
Fax: 517.485.0202

5204 Jackson Road  
Ann Arbor, Michigan 48103  
Telephone: 734.761.2670  
Fax: 734.761.7717

Dear Prospective Client,

At **Foresight Group, Inc.**, our vision for the future is evolving, ambitious, and focused on the long-term needs of our customers.

Creating a fundamentally sound communication company requires us to offer services greater than our best competitors, to properly manage our assets and to invest in the resources you will need from **Foresight Group, Inc.**

Accounts receivable is an asset that must be managed diligently. Effective immediately all new accounts or inactive accounts (2 years or older) must fill out the attached credit application and tax exempt form in order to open an account with us. Please note that our terms will be 25% up front, and the balance due at the time of delivery until your credit application is approved. After credit approval, our standard net 30-day terms will be in effect. Additionally, sales tax will be charged until we have your tax exempt form on file.

Hopefully, the attached credit packet will simplify your credit application process.

If you have questions after reviewing the information please contact Lou Ann Morrill in the accounting department at (517) 999-0036 or (800) 766-8409.

We look forward to working with you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bill Christofferson'. The signature is fluid and cursive, with a large, stylized 'B' and 'C'.

Bill Christofferson



2822 N. Martin Luther King Jr. Blvd.  
Lansing, Michigan 48906  
Telephone: 517.485.5700  
Fax: 517.485.0202

5204 Jackson Road  
Ann Arbor, Michigan 48103  
Telephone: 734.761.2670  
Fax: 734.761.7717

**Attention: Credit Department**

Company \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Year in Business \_\_\_\_\_ No. of Employees \_\_\_\_\_  
Taxable Status: Taxable \_\_\_\_\_ \*Non-Taxable \_\_\_\_\_ FEDERAL TAX ID#: \_\_\_\_\_

\*Non-Taxable Status must have the applicable tax exempt form submitted

Type of Business: \_\_\_\_\_  
Dun & Bradstreet # \_\_\_\_\_

Principal Owners/Officers:

\_\_\_\_\_  
\_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_  
Purchase Order Required: YES \_\_\_\_\_ NO \_\_\_\_\_ Estimated Monthly Credit Amt. \_\_\_\_\_

**BANK REFERENCES**

Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**TRADE REFERENCES**

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Fax # \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Fax # \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Fax # \_\_\_\_\_

We understand your normal credit terms are Net 30 days and agree to abide by them.

In making this application for credit I also understand that after an investigation has been made, I may receive a statement of credit terms for various stated reasons. If the change or denial is based on adverse information given from an outside source other than a consumer reporting agency. I have the right to make a written request, within 60 days of receipt of that statement, for the disclosure of the nature of the adverse information, however, the source will remain confidential.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FOR CREDIT DEPARTMENT USE ONLY**

Credit O.K.'d with Normal Terms \_\_\_\_\_

Credit O.K.'d with Special Terms stated \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Credit Denied \_\_\_\_\_

Reasons Stated \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Statement of credit denial or change of normal terms send on (date) \_\_\_\_\_

Letter of credit acceptance sent (date) \_\_\_\_\_



2822 N. Martin Luther King Jr. Blvd.  
Lansing, Michigan 48906  
Telephone: 517.485.5700  
Fax: 517.485.0202

5204 Jackson Road  
Ann Arbor, Michigan 48103  
Telephone: 734.761.2670  
Fax: 734.761.7717

ATTENTION:  
CREDIT DEPARTMENT

DATE:

CONFIDENTIAL INQUIRY FOR

RE: \_\_\_\_\_  
(Company Name)

**FROM:** Foresight Group  
2822 N. Martin Luther King Jr. Blvd.  
Lansing, Michigan 48906

**TO:** \_\_\_\_\_  
(Bank's Name)

**RE:** Bank Account Number: \_\_\_\_\_

I am applying for an open line of credit with Foresight Group, therefore authorizing you to release to Foresight Group the information they are requesting.

Thank you for your assistance in this matter.

**Date:** \_\_\_\_\_

**Company  
Name:** \_\_\_\_\_

**Authorized Signature  
on the Bank Acct.:** \_\_\_\_\_



2822 N. Martin Luther King Jr. Blvd.  
Lansing, Michigan 48906  
Telephone: 517.485.5700  
Fax: 517.485.0202

5204 Jackson Road  
Ann Arbor, Michigan 48103  
Telephone: 734.761.2670  
Fax: 734.761.7717

### **EXEMPTION CERTIFICATE**

The undersigned purchaser hereby makes claim for exemption from Michigan Sales tax for the reason checked below, and agrees to reimburse the seller if such purchase is later determined taxable by the Michigan Department of Treasury.

Date

Invoice#

Purchaser's Name, Address & Phone #

Tax I.D.# \_\_\_\_\_

Type of Exemption Claimed:

( ) Resale, Sales Tax number with alpha prefix required \_\_\_\_\_

Items(s) are to be resold in connection with a business and the proceeds of the sale are included in the gross sales being reported for sales tax.

( ) Industrial Processing. How is the product used in your operation and what type of product is manufactured?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) Tax Exempt Institution or Agency - Item(s) is or are to be used or consumed in connection with the operation of a:

( ) School or Church

( ) Hospital

( ) Institutions operated by governmental agencies for educational, benevolent, or charitable purposes

( ) Government Unit

( ) Other - A copy of letter of exemption from MI Dept. of Treasury must be attached.

It is also certified that the consideration for this purchase moves entirely from the funds of the designated institution or agency, and that the item is not resold nor donations requested for its use.

( ) Agricultural Production by a farmer.

( ) For use by contractors in affixing to realty of non-profit hospitals or non-profit housing. Name of unit?

( ) Other. Please explain. \_\_\_\_\_  
\_\_\_\_\_

Please indicate if item purchased will be resold ( ) or consumed ( ) by the purchaser himself.

Signature of Purchaser \_\_\_\_\_

Title \_\_\_\_\_