



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,

Bill Christofferson



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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) _____



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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.: _____



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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.

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

() School

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

() Government Unit

() Other - A copy of letter of exemption from MJ 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?

(c) Other. Please explain.

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

Signature of Purchaser