



TRANSILWRAP COMPANY, INC.

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Company name: *Mandatory Poster Agency*
 DBA: *Labor Law Poster Service*
 Telephone: *(517) 321-4144* Fax: *(517) 321-9441*
 Primary business address: *6323 W. Saginaw Hwy., Ste. E*
 City: *Lansing* County: *Eaton* State: *MI* ZIP Code: *48917*
 Corporation: Partnership: Limited partnership: Sole proprietorship:

BUSINESS AND CREDIT INFORMATION

State in which incorporated: *Michigan*
 Principal owners/division or subsidiary of:
 Accounts payable manager/e-mail address: *Amber Blais/AB.LLPS@comcast.net*
 Nature of business: *Labor Law Posters* How long in business: How long at location:
 Approx. net worth of business: *6 million* *17 years* *11 years*
 Number of employees: *36* Duns number: *143918543*
 Bank name: *Capitol National Bank*
 Bank address: *200 N. Washington Sq.* Telephone: *(517) 484-5080*
 City: *Lansing* State: *MI* ZIP Code: *48933*
 Type of account: *Checking* Account number: *303-639-8*

ENCLOSE **YOUR** RESALE EXEMPTION CERTIFICATE IF SHIPPING INTO ANY OF THE FOLLOWING STATES:
 (AZ, CA, CT, GA, IL, IN, KS, MI, MN, MO, NC, NJ, NY, OH, PA, SC, TN, TX, WA, AND WI) Sales Tax **paid** to any of these states due to
 TW not possessing your exemption certificate in a timely manner will not be refunded unless TW can secure a refund by the state.
 Transilwrap is registered in these states to collect sales/use tax. If we ship into these states for you, you may be required to secure a
 registration number from these states. Please check with your Tax Accountant.

BUSINESS & TRADE REFERENCES

Company name: *BRD Printing*
 Address: *912 W. St, Joseph St.*
 City: *Lansing* State: *MI* ZIP Code: *48917*
 Telephone: *517-372-0268* Fax: *517-372-4922* E-mail:
 Company name: *UPS*
 Address: *5800 Enterprise Dr.*
 City: *Lansing* Contact: State: *MI* ZIP Code: *48911*
 Telephone: *(800) 742-5877* ~~Fax:~~ *Kathy Siedelberg* E-mail: *ksiedelberg@ups.com*
 Company name: *DBI*
 Address: *912 E. Michigan Ave.*
 City: *Lansing* State: *MI* ZIP Code: *48912*
 Telephone: *(517) 485-3200* Fax: E-mail:

Please include a current financial statement with this information. It is understood that this is confidential information and will be used only by Transilwrap credit department. Transilwrap Company credit terms are net 30 days. The above business entity applicant agrees to pay any/all collection agency and attorney fees, in pursuit of collection of past due balance, up to fifty percent of the past due amount, if incurred to enforce collection.

SIGNATURE

We hereby agree to these terms: Yes No Date: *1/7/16*
 Anticipated monthly credit requirements: *\$20,000*
 Signed: *Michel Bisly* Title: *Operations Manager*