PHONE: (651) 646-1316 OFFICE: (651) 646-1317 FAX: (651) 646-7705 www.metaltreaters.com



TOOL & DIE HEAT TREATING SALT BATH NITRIDING COMPLETE HEAT TREATING SERVICES

CUSTOMER INFORMATION

COMPANY NAME:								
BILLING ADDRESS:								
SHIPPING ADDRESS:								
CITY - STATE - ZIP:								
TELEPHONE NUMBER:								
FAX NUMBER:								
Type of Business Organization (Check One)								
Corporation Proprietorship Partnership								
How long has company been in business:	years							
Person to be contacted regarding:								
CREDIT:								
PURCHASING:								
ACCOUNTS PAYABLE:								
Major Trade Suppliers:								
	5.							
Name Contact Person								
Name Contact Person								
Name Contact Person								
Name Contact Person								
Name Contact Person 1. 2. 3.								
Name Contact Person 1. 2. 3. Principal Bank:								
Name Contact Person 1. 2. 3. Principal Bank: Bank Address:								
Name Contact Person 1. 2. 3. Principal Bank:								
Name Contact Person 1. 2. 3. Principal Bank: Bank Address: Contact Person:								
Name Contact Person 1. 2. 3. Principal Bank: Bank Address: Contact Person: Sales Tax Exempt Number:	Fax #							
Name Contact Person 1. 2. 3. Principal Bank: Bank Address: Contact Person:	Fax#							
Name Contact Person 1. 2. 3. Principal Bank: Bank Address: Contact Person: Sales Tax Exempt Number: (Please enclose a copy of your Tax Exempt Contact Person)	Pertificate)							
Name Contact Person 1. 2. 3. Principal Bank: Bank Address: Contact Person: Sales Tax Exempt Number:	Fax #							

MINNESOTA · REVENUE

ST3

Certificate of Exemption

			ertificate and give it to th not fully completed, you n		es tax.	. Keep this certificate as part of yo	our records.	
This is makir	s a bla ng pur	anket certificate, chases, or until c	unless one of the boxes by the otherwise cancelled by the	below is checke purchaser.	d, and	l remains in force as long as the pu	urchaser continues	
	Check	if this certificate i	s for a single purchase and	l enter the relate	d invoi	ice/purchase order #	b	
If	you a	re a contractor an		agreement with	an exe	empt organization, check the box to n		
E	Exempt entity name				Project description			
	Name	Name of purchaser						
	Business address			City		State	Zip code	
print	Purchaser's tax ID number			State	of issue	e Country of issue	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
e p	If no tax ID number, FEIN Driver's licens							
Please		one of the following:	state of issue	iver's license number/State issued ID number ate of issue number				
O.	Name	of seller from whom yo	u are purchasing, leasing or rentin		Hum		,	
	Seller's	s address		City		State	Zip code	

00000000000000000000000000000000000000	_							
			le the number that describe	es your business				
			and food services		11	Transportation and warehousing		
9	02		stry, fishing, hunting		12	Utilities		
Type of business	03	Construction			13	Wholesale trade		
iusi	04	Finance and insu			14	Business services		
of b	05 Information, publishing and communications			S	15	Professional services		
þe	06 Manufacturing				16	Education and health-care services		
Ţ	07	Mining			17	Nonprofit organization		
	08 Real estate				18	Government		
	09 Rental and leasing				19	Not a business (explain)		
	10 Retail trade				20	Other (explain)		
	Reas	son for exemption	1. Circle the letter that iden	tifies the reason	for the	e exemption.		
ion	Α	Federal governm	nent (department)		1	Industrial production/manufacturing	ng	
ptic	В	Specific governm	nent exemption (from list on	back)	J	Direct pay permit #		
Reason for exempt					K	MPU exemption is neclonger in		
9	С	Tribal governme	nt (name)			repealed Marchi 8y2008 extrenic	ally)	
oj i	D	Foreign diplomat	t #		L	Direct mail		
105	E		nization #		M	Other (enter number from back page)_		
Rea	F	Religious or edu	cational organization #		N	Percentage exemption		
	G	Resale				Advertising (enter percentage)		
	Н	Agricultural prod	luction			Utilities (enter percentage)	%	
Sign here	try to	evade paying sal being claimed, y	les tax by using an exempti ou may be fined \$100 und	on certificate for	items	to the best of my knowledge and be or services that will be used for pur ach transaction for which the certifica	poses other than	
Sigi	Signa	ture of authorized purc	chaser Prin	nt name here		Title	Date	

Metal Treaters, Inc. 859 North Prior Avenue St. Paul, MN 55104

MTI STATEMENT OF LIMITED LIABILITY

(Please Read Carefully)

(Standards Adopted by the Metal Treating Institute, Inc.)

ALL WORK IS ACCEPTED SUBJECT TO THE FOLLOWING CONDITIONS:

It is recognized that even after employing all the scientific methods known to us, hazards still remain in metal treating.

THEREFORE, OUR LIABILITY SHALL NOT EXCEED TWICE THE AMOUNT OF OUR CHARGES FOR THE WORK DONE ON ANY MATERIAL (FIRST TO REIMBURSE FOR THE CHARGES AND SECOND TO COMPENSATE IN THE AMOUNT OF THE CHARGES), EXCEPT BY WRITTEN AGREEMENT SIGNED BY THE METAL TREATER.

THE CUSTOMER, BY CONTRACTING FOR METAL TREATMENT, AGREES TO ACCEPT THE LIMITS OF LIABILITY AS EXPRESSED IN THIS STATEMENT TO THE EXCLUSION OF ANY AND ALL PROVISIONS AS TO LIABILITY ON THE CUSTOMER'S OWN INVOICES, PURCHASE ORDERS OR OTHER DOCUMENTS. IF THE CUSTOMER DESIRES HIS OWN PROVISIONS AS TO LIABILITY TO REMAIN IN FORCE AND EFFECT, THIS MUST BE AGREED TO IN WRITING, SIGNED BY AN OFFICER OF THE TREATER. IN SUCH EVENT, A DIFFERENT CHARGE FOR OUR SERVICES, REFLECTING THE HIGHER RISK TO TREATER, SHALL BE DETERMINED BY TREATER AND CUSTOMER.

THE TREATER MAKES NO EXPRESS OR IMPLIED WARRANTIES AND SPECIFICALLY DISCLAIMS ANY IMPLIED WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE OR MERCHANTABILITY, AS TO THE PERFORMANCE OF CAPABILITIES OF THE MATERIAL AS HEAT TREATED, OR THE HEAT TREATMENT. THE AFOREMENTIONED LIMITATION OF LIABILITY STATED ABOVE IS SPECIFICALLY IN LIEU OF ANY EXPRESS OR IMPLIED WARRANTY, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS, AND OF ANY OTHER SUCH OBLIGATION ON THE PART OF THE TREATER.

No claims for shortage in weight or count will be entertained unless presented within five (5) working days after receipt of materials by customer. No claims will be allowed for shrinkage, expansion, deformity, or rupture of material in treating or straightening, except by prior written agreement, as above, nor in any case for rupture caused by or occurring during subsequent grinding. Whenever we are given material with detailed instructions as to treatment, our responsibility shall end with the carrying out of those instructions. Failure by a customer to indicate plainly and correctly the kind of material (i.e., proper alloy designation) to be treated, shall cause an extra charge to be made to cover any additional expense incurred as a result thereof, but shall not change the limitation of liability stated above.

Customer agrees there will be no liability on the treater in contract or tort (including negligence and strict liability action) for any special, indirect or consequential damages arising from any reason whatsoever, including but not limited to personal injury, property damages, loss of profits, loss of production, recall or any other losses, expenses or liabilities allegedly occasioned by the work performed on the part of the treater.

It shall be the duty of the customer to inspect the merchandise immediately upon its return, and in any event claims must be reported prior to the time that any further processing, assembling or any other work is undertaken.

OUR LIABILITY TO OUR CUSTOMERS SHALL CEASE ONCE ANY FURTHER PROCESSING, ASSEMBLING OR ANY OTHER WORK HAS BEEN UNDERTAKEN ON SAID MATERIAL.

No agent or representative is authorized to alter the conditions, except in writing duly signed by an officer of treater.

This (quotation/purchase order/sales acknowledgement) is expressly limited to the terms and conditions contained on the face and back thereof. Any different or additional terms contained in any of the buyer's forms are hereby deemed to be a material alteration hereof and notice of objection to them is hereby given.