

MICHIGAN DEPARTMENT OF STATE
Finance Division, Accounts Receivable Unit
MECHANIC SCHOOL ACCOUNT APPLICATION

INFORMATION FOR BILLING AND MAILING RESULTS

Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone: _____ FAX: _____

Email (required): _____

Contact name and title: _____

Type of entity (check one):

Corporation

Individual

Partnership

Other (explain): _____

Federal ID Number: _____ Social Security Number: _____

CERTIFICATION

I certify that all information provided above is true and complete, and that I am authorized to sign this document. I authorize the Department of State to verify or obtain further information needed to make the decision for issuing an account. I certify that I have read and understand the Account Terms and Conditions, and I agree that, if an account is issued, it will be used according to the Account Terms and Conditions, including amendments.

Name and title: _____

Signature: _____ Date: _____

QUESTIONS

For questions about completing this form, please call 517-335-3124.

For questions about Mechanic School Account Services, please call 517-241-0137.

MDOS USE

Account number: _____ Date approved: _____

MICHIGAN DEPARTMENT OF STATE
Finance Division, Accounts Receivable Unit
ACCOUNT TERMS AND CONDITIONS

DEFINITIONS

As used in this document, “you” and “your” mean any person who signs the application for an account number or uses the account number. “We” and “us” mean the Department of State.

The Accounts Receivable Unit of the Department of State is responsible for collection of all amounts due to the department for mechanic school accounts.

ACCOUNT ASSIGNMENT AND USE

Any person or company desiring an account must complete an application. The Department of State reserves the right to deny issuance of an account. The Department of State reserves the right to cancel an account for any reason.

If we approve the application for an account, we will notify you.

You must notify us in writing if you change your address. Failure to do this may result in termination of your account.

Failure to use your account according to these instructions may result in termination of your account.

PAYMENT TERMS

All charges incurred using your account number by you or any other person will be billed to you on a monthly invoice. The monthly invoice will include charges for all services provided during the billing cycle.

The entire amount of your monthly invoice must be paid within 15 days of the invoice date. To pay by check, include the return portion of the monthly invoice with your payment or reference the invoice number on your payment for prompt crediting to your account.

If we do not receive your payment within 15 days of the date of the invoice, your account will be delinquent. Further requests for services may not be honored until the entire balance due have been received.

If your account is delinquent, you will be responsible for all costs of collection, including attorney and court fees. An account that remains delinquent for six months may be turned over to the Michigan Department of Treasury for collection. If an account is in delinquent status due to nonpayment twice within a 12-month period, the account will be subject to termination.

BILLING QUESTIONS

Please direct all inquiries about accounts, billing and payments to the Finance Division, Accounts Receivable Unit between 8 a.m. and 5 p.m., Monday through Friday.

Notify us in writing within 15 days of the monthly invoice date if you do not agree with the amount billed to:

Michigan Department of State
Finance Division, Accounts Receivable Unit
7064 Crouner Drive
Lansing, MI 48918
sosacctsrec@Michigan.gov

Include the following information:

- Account number
- Account name and your name
- Phone number where we may reach you during business hours (8 a.m. to 5 p.m.)
- The dollar amount of the suspected error
- Description of the error and explanation of why you think it is an error.

MICHIGAN DEPARTMENT OF STATE
Finance Division, Accounts Receivable Unit
ACCOUNT TERMS AND CONDITIONS

BILLING QUESTIONS (CONTINUED)

We will respond to you within 15 days of receiving your correspondence. We will suspend delinquent processing of the amount in question until the matter has been resolved.

QUESTIONS ABOUT SERVICES PROVIDED

Please direct all inquiries about the information or services you request, including incorrect or incomplete service, to the unit that provided the services.

Contact the Business Licensing Section at 517-241-0137 or email licensing@Michigan.gov.

CHANGES TO TERMS AND CONDITIONS

The Department of State may change the Account Terms and Conditions by sending updated terms and conditions to you. Your continued use of the account signifies your acceptance of the modified terms and conditions.