

CREDIT APPLICATION

Return to Sales Rep with W-9 and applicable Tax Exemption(s).



				artelabylie Company
Sales Rep Name & ID:	Phone:		Email:	
The unders	igned requests an account	with RelaDyne, LLC and	its subsidiaries.	
APPLICANT BUSINESS AND CON	TACT INFORMATION			
Business Name:				
Other Trade Name:				
Business Phone:				
Contact Name:				7:
Mailing Address:			State:	Zip:
Business Address:		County:	State:	Zip:
Parent Company or Headquarter		in Description		
Dun & Bradstreet #:		ars in Business:		
☐ Corporation	☐ Partnership	Sole Proprietor	☐ Federal, State o	or Local Gov't
Privately Held				
L Publicly Traded Symbol:				
Federal ID #		Social Security #:		
(For Corporation or Government)		(For All Others)		
Principal Officers, Partners, or Ir	dividual Proprietor (Attach	additional page if necessar	rv.)	
Corporate Officer:	•			
Corporate Officer:		Title:		
•				
BANK REFERENCES				
Bank Name:	Bar	nk Name:		
Contact Name:	Сог	ntact Name:		
Account #:	Acc	count #:		
Phone:		one:		
Email:		ail:		
TRADE/CREDIT REFERENCES (PL		LID I ADGEST DEFEDENC	EC /	
	EASE LIST AT LEAST 3 OF TO	OR LANGEST REFERENC	E3.)	
Reference Name	Phone	Email	Accou	nt #
1				
2				
3				
4				
5				
I certify that I am authorized to make the are EFT 10 and agree to pay all purchase and authorize RelaDyne, LLC and its submeans including direct contact with pas	s according to these terms. I furthe sidiaries to investigate credit and f	er agree this application is the financial information through	property of RelaDyne, LLC	and its subsidiaries
Authorized Signature:		Date Signed:		
Authorized Signature: Printed Name:		Title:		
Valid Driver's License # and State	:			
It is RelaDyne policy that all past due acc fees and costs of suit if the past due acc	(Disregard for Corporations and Gove	ernments) arge that is the highest allowe		nable attorney's
	FOR OFFIC	E USE ONLY		
Requested Credit Line:	Sale	estorce Account ID:		
Branch:	Wa	renouse:		
Order Pending? Order Date:	Orde	r Amount:		



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ACCOUNT SET-UP INFORMATION

BILLING AND SHIP	PING INFOR	IVIATION						
Accounts Payable (
Accounts Payable 8								
Email for product u			e informat	ion:				
Special Instruction		<u> </u>						
Invoice Delivery M		Email	Eı	mail Addre	ess:			
(Email is our preferred		☐ Mail		ATTN Li	ne:			
Ship-to Location N								
Ship-to Address:			City	<u>/:</u>	Сс	ounty:	State:	Zip:
□Inside C	ity Limits	Outsid	e City Limi	its				
Ship-to Contact:	•		•		P	hone:		
Ship-to Contact Em	nail:							
Driving Directions:								
Receiving Hours: _								
Special Unloading	Requiremen	ts:						
PURCHASING INFO	DRMATION							
CHECK products that	t will be order	ed and LIST	applicable	tank sizes f	or each: these w	vill be the produ	icts listed on	vour account.
	Tank Size		ly Volume					onthly Volume
ULSD			•		il/Lubes – Bulk			•
☐ Dyed ULSD					il/Lubes – Pack			
Unleaded					EF		•	
Midgrade					nemicals			
Super					ther			
Propane					eight			
Water					ervice/Installati	ion		
				36	ei vice/iiistaliati	1011		
For Export 🗀								
TAX INFORMATION	V							
Sales Tax Oils & Lu	bricants	□ N/A	Yes	☐ No	If No, a resale o	or exemption ce	rtificate mus	t be attached.
Sales Tax Parts & E	quipment	□ n/a	☐ Yes	\square No	If No, a resale o	or exemption ce	rtificate mus	t be attached.
Sales Tax Services		\square N/A	\square Yes	\square No	If No, a resale o	or exemption ce	rtificate mus	t be attached.
Sales Tax Fuel		□ N/A	\square Yes	\square No		or exemption ce		
Sales Tax		□ N/A	Yes	\square No		e permit must k		
Federal Tax		□ _{N/A}	\square Yes	\square No		•		N/A on dyed diesel).
Above Ground Tan	ks	□ N/A	Yes	□No	,	- p	(.,,
Destination for Pro		☐ Tank	Train	Boat	Generator	Other	•	
							•	
			FC	OR OFFICE	USE ONLY			
Bobtail	Transport	Res	eller	End Use	r □**Mo	nitor Customer	**Pric	e Doc Customer
Market Segment:	Automotive Industrial	Eme	ergency	Fleet Fue			rac ervice/Install	Generator Transportation
Industry:	Agriculture Frac Retail		omotive erator vice	Aviation Governn Transpor	nent 🔲 Indus		rilling 1arine	Emergency Rail



Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Befor	e vo	bu begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.													
	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)									egarded					
	2	Business name/disregarded entity name, if different from above.													
Print or type. See Specific Instructions on page 3.	3a	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor C corporation S corporation Partnership Trust/estate LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax								Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)					
Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. Other (see instructions)						Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)									
P Specific	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions							(Applies to accounts maintained outside the United States.)							
See	5	Address (number, street, and apt. or suite no.). See instructions.	Request	ıme aı	and address (optional)										
	6 City, state, and ZIP code														
	7	List account number(s) here (optional)													
Par	t I	Taxpayer Identification Number (TIN)													
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid Social security number															
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other			or a			-			- [
entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>															
TIN, later.				Empl	oyer i	yer identification number									
Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.					_										
Par	i III	Certification	ı			-	1	<u> </u>							
Unde	ре	nalties of perjury, I certify that:													
	•	mber shown on this form is my correct taxpayer identification number (or I am waiting for	a numbe	r to b	e issı	ued t	to me	e); and	t						
2. I ar Ser	n no	t subject to backup withholding because (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest of the resubject to backup withholding; and	I have n	ot bee	en no	tifiec	d by t	he Int	ernal						
3. I ar	ı a	J.S. citizen or other U.S. person (defined below); and													
4. The	FA	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportir	ıg is corr	ect.											
		ion instructions. You must cross out item 2 above if you have been notified by the IRS that you have failed to report all interest and dividends on your tax return. For real estate transaction													

acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

General Instructions

Signature of

U.S. person

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Sign

Here

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

Date

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they