

CHECK IF ORDER
CURRENTLY PENDING

CREDIT APPLICATION FORM

Please fill in **COMPLETELY** in order to expedite approval process.

PRODUCT INTEREST

Applying to purchase: Tyvek® Protec® Keene®

CUSTOMER PROFILE

Business Name: _____ Principal Contact for certification process _____
Bill to address: _____ (name and title): _____
City: _____ Email: _____
County: _____ Phone: _____ Fax: _____
State: _____ Zip: _____ Contact for pricing & promotions: _____
Website: _____ Contact's Email: _____

GENERAL INFORMATION

Purchasing Contact: _____ Credit Line Requested: _____
Email: _____ *(If requesting more than \$10,000, you must include most recent copy of financial statements).*
Phone: _____ Fax: _____ Set up my account as check in advance or credit card*
Payables Contact: _____ **Hallmark will not accept credit card payments toward the balance of an open line of credit. If you prefer to pay your orders via credit card at time of shipment, please check the box.*
Email: _____ Date Business was established: _____
Phone: _____ Fax: _____ Ship to address: _____
PO Number required? Yes No City: _____
Job Number required? Yes No County: _____
Tax Exempt? Yes No State: _____ Zip: _____
If yes, you must enclose Exemption Certificate.

Bank Name: _____ Account Number: _____
Address: _____ Phone: _____
City, State, Zip: _____ Email: _____

BUSINESS TYPE

Corporation Taxpayer ID#: _____ Sole Proprietor Taxpayer ID#: _____
President Name: _____ Sole Proprietor Name: _____
President Email: _____ Address: _____
 Partnership Taxpayer ID#: _____ City: _____
Partner Name: _____ % Owned: _____ State: _____ Zip: _____
Partner Email: _____ Phone: _____
Email: _____

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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	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.)	
	2	Business name/disregarded entity name, if different from above.	
	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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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 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. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	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 <input type="checkbox"/>	
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6	City, state, and ZIP code	
	7	List account number(s) here (optional)	

Part 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 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 entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, 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.

Sign Here	Signature of U.S. person	Date
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General Instructions

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

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

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

***MAJOR TRADE REFERENCES** (must have email address to process)- Only needed if requesting open account

Trade references should be businesses you are currently on open account terms with. Large corporations typically will not share trade information. Providing references that will not share your information will only delay your application.

Supplier Name	Phone Number with area code	Email Address
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

TERMS AND CONDITIONS OF ACCOUNT

Payment Terms: For Tyvek®, Protec®, or Keene®: 1% 10, Net 30 days from date of invoice. Any non-standard payment terms will be listed on the quote.

Conditions:

- 1) Terms and Conditions of sale are found on your price list or the quote provided.
- 2) Applicant warrants that all statements on this form are true and correct and are made for the purpose of obtaining credit from Hallmark Building Supplies, Inc. (hereafter Hallmark). Applicant authorizes Hallmark to request credit information from the references herein list or from other sources pertaining to Applicant's financial responsibility. Applicant agrees to payment terms listed above based on the product/s purchased.
- 3) Submitted Financial Statement will be kept in the strictest confidence by Hallmark personnel.
- 4) Applicant further agrees to pay late payment penalty of 1.5% per month(18% annually) on any unpaid balance due. The applicant agrees to indemnify Hallmark for all expenses incurred in connection with collection of accounts payable, including court costs and attorney's fees.
- 5) In the event that open account is not extended, wire transfer, and credit card at time of shipment are available to obtain product. Call for details.
- 6) Sales Tax Exemption Certificates: A \$35 processing fee will be charged for sales tax credits issued if the sales tax exemption certificate is not provided with the credit app, or, if a project is tax exempt, the project exemption certificate was not provided at the time of order. If a request for a sales tax credit is received, and a valid sales tax exemption certificate is provided, Hallmark will review invoices for the last 60 days. If invoices on account exceed 60 days, it is the applicant's responsibility to contact the appropriate taxing authorities to request refund.
- 7) If an account is turned over to a collection agency for non payment, ALL fees Hallmark incurred must be paid to Hallmark prior to evaluating the account for future business.
- 8) **GOVERNING LAW. THIS AGREEMENT SHALL BE CONSTRUED AND INTERPRETED IN ACCORDANCE WITH, AND ALL DISPUTES HEREUNDER SHALL BE GOVERNED BY, THE LAWS OF THE STATE OF WISCONSIN, WITHOUT RESORT TO CONFLICT OF LAWS PRINCIPLES. YOU FURTHER IRREVOCABLY SUBMIT TO THE JURISDICTION OF THE STATE OR FEDERAL COURT LOCATED IN THE STATE OF WISCONSIN, COUNTY OF WAUKESHA, OVER ANY DISPUTE ARISING OUT OF OR RELATING TO THIS AGREEMENT. YOU HEREBY IRREVOCABLY WAIVE, TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, ANY OBJECTION WHICH YOU MAY NOW OR HEREAFTER HAVE TO THE LAYING OF VENUE OF SUCH DISPUTE BROUGHT IN SUCH COURT OR ANY DEFENSE OF INCONVENIENT FORUM IN CONNECTION THEREWITH.**

By signing, you understand and agree to the terms above:

Full Name (printed or typed): _____

Authorized Signature: _____ Title: _____

Company: _____ Date: _____

**FOR SECURITY PURPOSES, THESE FORMS CAN BE FILLED OUT, PRINTED AND
EMAILED TO CREDIT@HLLMARK.COM OR FAXED TO 800-688-7842.
CONFIDENTIAL INFORMATION WILL NOT BE SAVED OR STORED ELECTRONICALLY.**