

training_department/_SCmedia/Q02-Credit

Size: ___

CREDIT APPLICATION

Sales Rep:	Rep #:
Email:	·
Direct:	
Coll:	

•	. ,		(Cell:	
Applicant Contact and I	Business Informatio	n			
Business Name:					
Other Trade Name:			Web Address:		
Telephone:			Fax:		
	Contact Number:				
Mailing Address:		City:	County:	Stat	te: Zip:
Business Address: Parent Company or Headquarter Address:			-	Stat	te: Zip:
Dun & Bradstreet #:			Years in Business:		
Corporation (Privately Held) Federal ID # (Corporation or Government)	(Publicly Traded)Sym		Social Security # (All Others)		deral, State or Local Gov't
Principle Officers, Partner Corporate Officer:	•				
Corporate Officer:					
Corporate Officer:					
Bank References					
Bank Name: Contact Name: Account #: Phone #: Email: Fax # :			Contact Name: Account #: Phone #:		
Trade / Credit Referenc	es (Please list your lar	ger suppliers/ven	· · ·		
Reference Name 1.	Phone		E-mail		Account #
2.					
3.					
4.					
5.					
6.					
I certify that I am authorized to agree to pay all purchases acco Resources, Inc. to investigate op past and present creditors and	ording to these terms. I furedit and financial information	rther agree this app	olication is the property of Sur	n Coast Resources	t Resources, Inc. are EFT 10 and , Inc., and authorize Sun Coast including direct contact with
Signed This					
Authorized Signature_					
Printed Name		Valid Driver	s License # and State:	/Discount for Co	reportions and Comments
It is Sun Coast policy that all po costs of suit if the past due acc	st due accounts are subject ount(s) are placed for colle	ct to a finance chargection. All Venue is	ge that is the highest allowed		rporations and Governments) s reasonable attorney's fees and
		FOR OFFIC	CE USE ONLY		
Order Pending: No	'es Date:	Pending Orde	r Amount:	Requested (Credit Line:

SCRI Pan: No Yes Other Equip

FM02-005 Credit Application ver 2.1 031220



ACCOUNT SET-UP INFORMATION

Sales Rep:	Rep #:
Email:	·
Direct:	
Cell·	

			Cell	
Billing and Shipping Inform	nation			
Business Name:				
Accounts Payable Contact:		Telephone:	Fax:	
Accounts Payable Email:				
Email Address for product up	dates and compliance in	formation:		
Special Instructions:				
Indicate Invoice Delivery Met (Email is our preferred meth	chod Email nod): Mail Fax	ITTA	ldress: N Line: ATTN:	
Ship-to Location Name (if diff	erent):			
Ship To Address:		City	County State	Zip
Is the ship to address inside of Ship To Contact:		T. L L	☐ Outside City Limits Fax:	
Driving Directions:				
· ·				
Special Unloading Requireme Purchasing Information	:nts:			
	ordered and UST applical	blo tank sizos for oach	as these will be the products	listed on your account
Unleaded Midgrade Super	Size Monthly Vol	DYED US ULSD DEF Oil/Lube	LD Tank Size	Monthly Volume
Tax Information				
Sales Tax Oils & Lubricants Sales Tax Parts & Equipment Sales Tax Services Sales Tax Fuel (N/A in Texas) State Tax Federal Tax Above Ground Tanks Destination for Product	N/A Yes N/A Yes N/A Yes N/A Yes Yes No Yes No Yes No Tank Train	No If no, a r No If no, a r No If no, a r If no, ap	esale or exemption certificate esale or exemption certificate esale or exemption certificate esale or exemption certificate plicable permit must be attached blicable permit must be attached of the Other Other	must be attached must be attached must be attached aed
	FOF	R OFFICE USE O	NLY	
Please Check the Following: Bobtail Transp	ort Reseller	End User	** Monitor Customer	**Price Doc Customer
ı I	nstream	Frac Gene	erator 🗌 Railroad 📗 Fl	eet Fueling
(Check One)	Construction Re	ail Drilling etail Industr rac Whole	rial Aviation Gov	riculture Marine vernment Service



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.

	1	I Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.									
	2	2 Business name/disregarded entity name, if different from above									
Print or type. Specific Instructions on page 3.	following seven boxes.					4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
single-member LLC					Exempt payee code (if any)						
ફ		Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)▶								
Print or type. c Instruction	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					Exemption from FATCA reporting code (if any)					
cifi		Other (see instructions)			(Appli	(Applies to accounts maintained outside the U.S.)					
Spe	5	<u> </u>	quester'	s name	and a	and address (optional)					
See					, ,						
S	6	6 City, state, and ZIP code									
	Ļ	7 List account number(s) here (optional)									
	'	List account number(s) nere (optional)									
Par		Taxpayer Identification Number (TIN)									
	_	our TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	s	ocial se	curity	numb					
backı	p	withholding. For individuals, this is generally your social security number (SSN). However, for a	\ <u> </u>		T			\Box		T	
resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other				-	-	-					
TIN, la		it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i> er.	or			ш					
		the account is in more than one name, see the instructions for line 1. Also see What Name and		Employer identification number						٦	
Number To Give the Requester for guidelines on whose number to enter.			Г	ТТ		TT		Ħ			
					-						
Par	1	Certification	I								
Unde	. b	penalties of perjury, I certify that:									
2. I ar Ser	n r vio	number shown on this form is my correct taxpayer identification number (or I am waiting for a n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I had ce (IRS) that I am subject to backup withholding as a result of a failure to report all interest or danger subject to backup withholding; and	ave not	been	notifie	d by t	he Inte				
3. I ar	n a	a U.S. citizen or other U.S. person (defined below); and									
4. The	F	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is	correc	t.							
Certif	Ca	ation instructions. You must cross out item 2 above if you have been notified by the IRS that you a	re curre	ntly su	bject t	o back	cup wit	nholdi	ng bed	cause	

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.

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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.