

## AWC INC. APPLICATION FOR CREDIT

Please return via email to [Credit@awc-inc.com](mailto:Credit@awc-inc.com) or mail 6655 Exchequer Dr., Baton Rouge, LA 70809 Ph. 225-752-1100

### Company/Buyer

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
DBA \_\_\_\_\_ Year Started \_\_\_\_\_  
Address \_\_\_\_\_ Type of business \_\_\_\_\_  
City \_\_\_\_\_ Financial contact Phone \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Financial contact E-Mail \_\_\_\_\_  
D&B \_\_\_\_\_ NAICS \_\_\_\_\_ SIC \_\_\_\_\_ Requested Line of Credit \_\_\_\_\_ Requested Pay Terms \_\_\_\_\_

*The following information must be provided. It will be held in confidence and only used by appropriate AWC employees for credit decisions. Also, see attached Written Authorization Form for Release of Credit Information (which must be executed by an appropriate owner or officer)*

**Attach audited or reviewed financial statements for the last three (3) years or federal income tax returns if applicable.**

EIN/SSN \_\_\_\_\_ Individual/sole proprietor or \_\_\_\_\_ C Corporation \_\_\_\_\_ S Corporation \_\_\_\_\_ Partnership  
single-member LLC

\_\_\_\_\_ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► \_\_\_\_\_

### Taxability

Do you have any applicable sales tax certificates/direct pay permits? ☐ Yes ☐ No If yes, attach any and all certificates.

### Name(s) of Principal(s)

Principle Officer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Principle Officer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Principle Officer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### FINANCE:

Primary Bank \_\_\_\_\_ Account Numbers \_\_\_\_\_  
Address \_\_\_\_\_ Bank Officer Contact \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

We certify that all the information on this form is correct, that it is submitted for the purpose of obtaining credit, and agree to send to AWC Inc. any changes in ownership of applicant's business within five (5) days of such changes. Applicant certifies by signing the application that the business is not insolvent, gives authorization to contact the references listed above for credit information, and agrees to pay interest charges not to exceed one and a half percent (1.5%) per month should the account become delinquent. Applicant also agrees to pay costs of collecting past due amounts including attorney fees and court costs and agrees that credit information may be given to other trade sources as a normal course of business. Unless otherwise provided for in writing, all sales are subject to AWC, Inc. AWC, Inc. reserves the right to place any account on a (COD) Cash on Delivery basis at any time. Terms and Conditions of Sale, a copy of which may be found at:  
<http://www.awc-inc.com/AWCTermsAndConditions.pdf>, and also available upon request.

(Signed) \_\_\_\_\_ (Printed) \_\_\_\_\_  
(Required)

(Title) \_\_\_\_\_ Date: \_\_\_\_\_

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## **CREDIT REFERENCES:** (Attachments are acceptable)

Business Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION**

Comes now \_\_\_\_\_,  
(Name of Owner or Officer)  
\_\_\_\_\_ of \_\_\_\_\_  
(Title)  
\_\_\_\_\_, and hereby authorizes the release of any and all credit  
information, including but not limited to bank accounts, payment histories, and credit  
references, by any and all persons having such information, to AWC Inc., for the  
purposes of obtaining credit for sales of products by AWC and verification of the  
information supplied on an Application for Credit filed with AWC Inc.

A copy of this authorization may be accepted as an original.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Officer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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### Payment Method (Please select your preferred payment method for this account and if ACH/WIRE/Check is selected, please see banking information attached.)

☐ Credit Card ☐ ACH ☐ WIRE ☐ Check If credit card payment is selected, a secure link will be sent prior to order processing.

Credit card contact name:  Accounts Payables Contact Name:

Credit card contact e-mail:  Accounts Payable Contact E-Mail:

### Invoice Status Portal (If applicable, please provide your company's invoice payment status portal information.)

Do you have a portal to check invoice/payment status? ☐ Yes ☐ No

Portal Name:  Registration e-mail:

Portal URL:

### Invoicing Method (Please select your preferred method of invoicing for this account.)

☐ E-Mail Contact / Department Name:  E-Mail:

☐ Portal Contact name for portal assistance:

E-Mail:  Phone:  Portal URL:

☐ Custom Electronic Data Interchange (EDI) Contact name for assistance:

E-Mail:  Phone:

☐ Evaluated Receipt Settlement (ERS) Contact name for assistance:

E-Mail:  Phone:

Please list any special requirements required for invoice processing:

☐ US Mail

☐ Same as company address If not, please fill in address below.

Company Name  ATTN:

Address:  City:  State:  Zip:

### Statement of Account (Please complete this section if monthly summary or detailed statement of account is needed.)

Are monthly statements of account requested? ☐ Yes ☐ No

Are monthly detailed summary of invoices requested? ☐ Yes ☐ No

Email statements to:

\*\*\*\*\*Please select from the list below to specify the documents that you will include along with submission of this credit application:\*\*\*\*\*

☐ Sales Tax Certificates / Direct Pay Permits

☐ Credit Reference Sheet

☐ Completed IRS Form W-9  
(If International, completed Form W-8 BEN)

☐ Company Information Sheet

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> 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 <b>not</b> 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.  <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 FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
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.

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

Social security number											
				-				-			
or											
Employer identification number											
					-						

## 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](http://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.