

Heating and Cooling Supply Co.

105 Broadway St
Waterloo, IA

255 Prospect Pl SW
Cedar Rapids, IA

1105 NE Broadway Ave.
Des Moines, IA

16935 210th St.
Davenport, IA

13612 Industrial Rd.
Omaha, NE

ACCOUNT APPLICATION

H&C Contact (For Internal Use): _____

Company Name: _____ County: _____

Street Address: _____ P.O. Box: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Fax: _____

If Shipping Address is different, please list below:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Legal Identity: Corporation Partnership Sole Proprietorship

If Sole Proprietorship or Partnership, list the following information for all principals:

Name: _____ Name: _____

Home Address: _____ Home Address: _____

Phone: _____ Phone: _____

SS#: _____ SS#: _____

Years in Business: _____ **P.O. Required** **Federal ID #** _____

* Attach copy of W-9.

Purchases will be: Taxable Tax Exempt *Attach sales tax exemption certificate.

*Providing only resale # is not sufficient.

Email for Invoices and Statements: _____

CONTACT INFORMATION

Contact: _____ Cell Phone: _____ E-Mail: _____

Contact: _____ Cell Phone: _____ E-Mail: _____

Contact: _____ Cell Phone: _____ E-Mail: _____

Contact: _____ Cell Phone: _____ E-Mail: _____

ACCOUNT TYPE

COD: Line of Credit:

Will you be purchasing equipment? Yes: No:

If applying for a Line of Credit, please provide trade references.

TRADE REFERENCES

Name: _____

Name: _____

Address: _____

Address: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

If no trade references are available, please provide a bank reference and complete the attached authorization form.

BANK REFERENCE

Name: _____ Address: _____ Phone: _____

TERMS AND CONDITIONS OF SALE AGREEMENT (must be signed to obtain account)

Applicant agrees that extension of credit by seller shall be subject to and in consideration with the attached terms and conditions.

Accepted by: _____ Title: _____ Date: _____

GUARANTY (must be signed to obtain account)

In consideration of credit granted to the above-named Company, the undersigned does hereby personally and unconditionally guarantee payment of all the Company's present and future obligations to Heating and Cooling Supply Co. including interest and service charges. The undersigned and each of us agree to pay Heating and Cooling on demand any sum, which may become due to Heating and Cooling by the Company, whenever the Company shall fail to pay the same. In the event a suit is instituted to collect amounts owing to Heating and Cooling and judgment is rendered in Heating and Cooling's favor I/we agree to pay court costs and reasonable attorney's fees. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I/we do hereby waive notice of default, non-payment and notice thereof and consent to any modification of renewal of the credit agreement hereby guaranteed.

Guarantor: _____

Guarantor: _____

Signed: _____

Signed: _____

Date: _____

Date: _____

AUTHORIZATION TO RELEASE BANK INFORMATION

TO

HEATING & COOLING SUPPLY CO.

TO: _____ (“Bank”)

Name of Bank or Financial Institution

Street Address

City

State

Zip



The undersigned customer of the Bank has applied for commercial credit with Heating & Cooling Supply Co. (“Creditor”) or has agreed to be a personal guarantor of said credit and has named the Bank as a reference in a written application for credit provided to the Creditor.

The Bank is authorized and directed to furnish the following information to the Creditor regarding our business with the Bank:

1. A description of each of our depository accounts with the Bank.
2. The average collectible balance for the past twelve months for each of our depository accounts.
3. The nature and amount of each of our outstanding loans with the Bank.
4. Whether the loans identified in paragraph 3 are current and whether they are being paid as agreed.
5. Number of overdrafts in past twelve months.

In requesting that this information be furnished by the Bank to the Creditor, the undersigned holds the Bank, the Creditor and their officers, directors, employees, and agents harmless for any damages or claims that may arise as a result of providing or receiving the information requested in paragraphs 1 through 5 above.

Name of entity or personal guarantor (print)

Authorized Signature

Date: _____

Name and title of authorized person (print)

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 <i>Specific Instructions</i> 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

This document is to be completed by a purchaser when claiming exemption from sales/use/excise tax. Certificates are valid for up to three years.

Purchaser legal name: _____

Seller legal name: _____

Doing business as: _____

Doing business as: _____

Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

City: _____ State: _____ ZIP: _____

General nature of business: _____

Phone number: _____

Purchaser is doing business as:

Retailer

Sales/Use/Excise Tax Permit Number (if required): _____

Retailer car dealer

Enter your DOT number: _____

Governmental agency (including public schools)

Wholesaler

Farmer

Lessor

Manufacturer

Nonprofit hospital

Private nonprofit educational institution

Qualifying residential care facility

Nonprofit museum

Commercial enterprise

Other

Purchaser is claiming exemption for the following reason:

Resale Leasing Processing

Qualifying farm machinery/equipment

Qualifying farm replacement parts

Qualifying manufacturing machinery/equipment

Research and development equipment

Pollution control equipment

Recycling equipment

Qualifying computer

Qualifying replacement parts/supplies (Manufacturing, Research & Development, pollution control, recycling, computer)

Qualifying computer software, specified digital products and digital services

Other _____

Direct Pay - Permit number required:

Permit: _____

Description of purchase (Include additional information if necessary):

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this certificate, and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature of purchaser: _____

Title: _____ Date: _____

Seller: Keep this certificate in your files.

Purchaser: Keep a copy of this certificate for your records.

Do not send to the Iowa Department of Revenue.

Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption

Name and Mailing Address of Purchaser			Name and Mailing Address of Seller		
Name			Name		
Legal Name					
Street or Other Mailing Address			Street or Other Mailing Address		
City	State	Zip Code	City	State	Zip Code

Check Type of Certificate

- Single Purchase If single purchase is checked, enter the related invoice or purchase order number _____.
- Blanket If blanket is checked, this certificate is valid until revoked in writing by the purchaser.

I hereby certify that the purchase, lease, or rental by the above purchaser is exempt from the Nebraska sales tax for the following reason:

Check One Purchase for Resale (Complete Section A.) Exempt Purchase (Complete Section B.) Contractor (Complete Section C.)

Section A—Nebraska Resale Certificate

Description of Property or Service Purchased

I hereby certify that the purchase, lease, or rental of _____ from the seller listed above is exempt from the Nebraska sales tax as a purchase for resale, rental, or lease in the normal course of our business. The property or service will be resold either in the form or condition in which it was purchased, or as an ingredient or component part of other property or service to be resold.

I further certify that we are engaged in business as a: Wholesaler Retailer Manufacturer Lessor

of _____

My Nebraska Sales Tax ID Number is 01- _____.

If none, state the reason _____,

or Foreign State Sales Tax Number _____ State _____.

Section B—Nebraska Exempt Sale Certificate

The basis for this exemption is exemption category _____ (See the list of Exemption Categories and corresponding numbers on reverse side).

If exemption category 2 or 5 is claimed, enter the following information:

Description of Property or Service Purchased	Intended Use of Property or Service Purchased
_____	_____

If exemption category 3 or 4 is claimed, enter your Nebraska Certificate of Exemption State ID number. 05- _____
Do **not** enter your Federal Employer ID Number.

If exemption category 6 is claimed, the seller must enter the following information and sign this form below:

Description of Items Sold	Date of Seller's Original Purchase	Was tax paid when purchased by seller? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was item depreciable? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section C—For Contractors Only

1. Purchase of building materials or fixtures.

As an Option 1 or Option 3 contractor, I hereby certify that the purchase of building materials and fixtures from the seller listed above are exempt from Nebraska sales tax. My Nebraska Sales or Use Tax ID Number is: _____.

2. Purchases made by an Option 2 contractor under a Purchasing Agent Appointment on behalf of _____
(exempt entity)

As an Option 2 contractor, I hereby certify that the purchase of building materials and fixtures from the seller listed above is exempt from Nebraska sales tax pursuant to the **attached** Purchasing Agent Appointment and Delegation of Authority for Sales and Use Tax, Form 17.

Any purchaser, agent, or other person who completes this certificate for any purchase which is not for resale, lease, or rental in the regular course of the purchaser's business, or is not otherwise exempted from sales and use taxes is subject to a penalty of \$100 or ten times the tax, whichever amount is larger, for each instance of presentation and misuse. With regard to a blanket certificate, this penalty applies to each purchase made during the period the blanket certificate is in effect. Under penalties of law, I declare that I am authorized to sign this certificate, and to the best of my knowledge and belief, it is correct and complete.

**sign
here**

_____ Title _____ Date _____
Authorized Signature

_____ Authorized Signature Name (please print)

**Do not send this certificate to the Nebraska Department of Revenue (DOR). Keep it as part of your records.
Sellers cannot accept incomplete certificates.**

The DOR is committed to the fair administration of the Nebraska tax laws. It is unlawful to claim an exemption for purchases of property or services that are subject to tax. Sellers are encouraged to notify the DOR of any unlawful use of this form.

revenue.nebraska.gov, 800-742-7474 (NE and IA), 402-471-5729