



Distributor of quality products since 1948

Gas & Electrical Equipment Company

Credit Application and Agreement

300 N.E. 34th Street Oklahoma City, OK
73105 Office: (405) 528-3551
Fax: (405) 557-1172

A. APPLICANT

Legal Business Name: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-Mail: _____
Ship to Address: _____
Estimated Annual Sales: _____ Person to contact about Account: _____
Amount of Credit Requested: \$ _____ Type of Business: _____ How Long in Business: _____

B. BUSINESS INFORMATION

Sole Proprietorship _____ SS#: _____
 Partnership Partner _____ SS#: _____
Partner _____ SS#: _____
 Corporation/LLC President/Member _____ SS#: _____
Vice President/Member _____ SS#: _____
Secretary/Member _____ SS#: _____
Treasurer/Member _____ SS#: _____

Federal Tax No. (if applicable) _____ Sales Tax Exempt Certificate YES NO
If 'YES' please provide a copy

C. BANKING INFORMATION

Bank: _____ Branch: _____ Phone: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Officer Contact: _____ Acct. Number: _____ Type: _____
Acct. Number: _____ Type: _____

I hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

D. TRADE REFERENCES (Please fill out 3 references)

- 1.) _____
- 2.) _____
- 3.) _____

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Gas & Electrical Equipment Company, to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining a credit relationship.

CREDIT POLICY: Statements are rendered as of the 1st of the month, prox. C.O.D. restrictions may be placed on any past due account

CREDIT TERMS: Normal payment terms are Net 30 days from the date of invoice on approved credit. Additional credit terms may be available for customers with existing established credit. A service charge of one and one half percent (1 1/2%per month), or (18% annum) or the highest legal rate, whichever is less may be assessed on delinquent invoices.

ORDER CANCELLATION: Any order cancelled after shipping will be assessed a 10% cancellation fee and any freight charges incurred.

RESTOCKING FEE: Product returned to our warehouse will be assessed a 25% restocking fee. Special orders and direct ship orders will be assessed the Manufacturer's applicable fees.

REFUSED SHIPMENTS: Orders which are refused at delivery will be assessed a 25% restocking fee and a 10% cancellation fee.

VENUE: All amounts due for purchases from Gas & Electrical Equipment Company are payable to PO Box 2100, Oklahoma City, Oklahoma 73101-2100 or delivered by hand to 300 N.E. 34th Street, Oklahoma City, Oklahoma 73105. It is further agreed that this agreement is entered into the state of Oklahoma and is governed by the laws of the State of Oklahoma.

CHANGE OF OWNERSHIP: I/We understand that we must notify Gas & Electrical Equipment Company in writing and by certified mail of any changes in ownership, the name of the business or structure of the business under which credit is established.

In the event of default, and if the account is turned over to an agency and/or an attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or cost of collection whether of not a suit is filed.

I/We certify that this request is for the extension of credit for business purposes only and not for the extension of credit for personal, family, or household purposes.

APPLICANT'S SIGNATURE ATTEST FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY IN ACCORDANCE WITH ABOVE TERMS:

Firm Name: _____

By: _____ **Title:** _____

By: _____ **Title:** _____

CONSENT TO OBTAIN CONSUMER CREDIT REPORT

The undersigned individual, who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above names business credit grantor, from time to time as may be needed, in the credit evaluating process.

Print Name

Sign Name

Date

PERSONAL GUARANTEE

For valuable consideration, the receipt of which is acknowledged, including but not limited to the extension of credit by Gas & Electrical Equipment Company to _____ the undersigned, individually, jointly and unconditionally guarantee(s) to Gas & Electrical Equipment Company the full and prompt payment by _____ of all obligations which Guarantor presently or hereafter may have to Gas & Electrical Equipment Company and when due of all sums presently or hereafter by Guarantor to Gas & Electrical Equipment Company Guarantor payment agrees to indemnify Gas & Electrical Equipment Company against any losses Gas & Electrical Equipment Company may sustain and expenses Gas & Electrical Equipment Company may incur as a result of any failure of Guarantor to perform including reasonable attorneys' fees and all cost and other expenses incurred in collecting or compromising and indebtedness of debtor guaranteed hereunder or in enforcing this guaranty against guarantor. This shall be a continuing Guaranty, Diligence, Demand, Protest or notice of any kind is waived. It shall remain in full force until guarantor delivers to Gas & Electrical Equipment Company in written notice revoking it as to indebtedness incurred subsequent to such delivery. Such delivery shall not affect any of guarantors obligations hereunder with respect to indebtedness heretofore incurred. The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby consents to and authorizes that use of a consumer credit report on the undersigned, by the above named business credit grantor, from the time as may be needed, in the credit evaluation process.

Print Name

Sign Name

Date

Print Name

Sign Name

Date

Witness

The Federal Equal Opportunity Act prohibits creditor from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistant program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with law concerning this credit is the Federal Trade Commission. Division of Credit Practices, 6th and Pennsylvania Avenue, NW. Washington, D.C. 20580

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	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; check only one 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) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.)		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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																																																							
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">-</td> <td colspan="4"></td> </tr> <tr> <td colspan="10" style="text-align: center;">or</td> </tr> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="6"></td> </tr> </table>	Social security number																				-				-						or										Employer identification number																				-									
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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 on page 3.

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. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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 with 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? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.