

APPLICATION FOR CASH ACCOUNT



McKenney Supply Inc
106 E Pleasure Ave
Searcy AR 72143
(501) 268 - 8422 Phone
(501) 268 - 7337 Fax
www.mckenneysupply.com

Date _____

Business Name _____

Physical Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engaged in the business of _____

Type of Business

- Corporation Sole Proprietorship Partnership Municipality

Taxable Status – If non-taxable a completed exemption certificate must be attached or sales tax will be charged.

- Charge tax Purchases for Resale, do not charge tax Other exemption, do not charge tax

Licenses / Certifications Held – Attach copies of relevant licenses, permits, and certificates

AR Contractor License Number _____ Other state Contractor License Number _____

EPA license to handle refrigerant issued under section 40 CFR, part 82, subpart F _____

Signature _____

Printed Name _____

Rusty Jones
Greg Davis

rusty.mckenney@gmail.com
gregdavis.mckenney@gmail.com

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1. Check if you are attaching the Multi-state Supplemental form.
 _____ If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
2. Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

3. Please print

Name of purchaser _____			
Business Address _____	City _____	State _____	Zip Code _____
Purchaser's Tax ID Number _____		State of Issue _____	Country of Issue _____
If no Tax ID Number	FEIN	Driver's License Number/State Issued ID Number	Foreign diplomat number
Enter one of the following: _____			
		State of Issue: _____	Number _____
Name of seller from whom you are purchasing, leasing or renting McKenney Supply Inc			
Seller's address _____	City _____	State _____	Zip code _____
106 E Pleasure Ave	Searcy	AR	72143

4. Type of business. Circle the number that describes your business

- | | |
|---|---|
| <p>01 Accommodation and food services</p> <p>02 Agricultural, forestry, fishing, hunting</p> <p>03 Construction</p> <p>04 Finance and insurance</p> <p>05 Information, publishing and communications</p> <p>06 Manufacturing</p> <p>07 Mining</p> <p>08 Real estate</p> <p>09 Rental and leasing</p> <p>10 Retail trade</p> | <p>11 Transportation and warehousing</p> <p>12 Utilities</p> <p>13 Wholesale trade</p> <p>14 Business services</p> <p>15 Professional services</p> <p>16 Education and health-care services</p> <p>17 Nonprofit organization</p> <p>18 Government</p> <p>19 Not a business</p> <p>20 Other (<i>explain</i>) _____</p> |
|---|---|

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.

- | | |
|--|--|
| <p>A Federal government (<i>department</i>) _____</p> <p>B State or local government (<i>name</i>) <u>Not Applicable</u></p> <p>C Tribal government (<i>name</i>) <u>Not Applicable</u></p> <p>D Foreign diplomat # _____</p> <p>E Charitable organization # _____</p> <p>F Religious or educational organization # <u>Not Applicable</u></p> <p>G Resale # _____</p> | <p>H Agricultural production # _____</p> <p>I Industrial production/manufacturing # _____</p> <p>J Direct pay permit # _____</p> <p>K Direct mail # _____</p> <p>L Other (<i>explain</i>) _____</p> |
|--|--|

6. Sign here. *I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.*

Signature of Authorized Purchaser	Print Name Here	Title	Date
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Name of Purchaser

STATE	Reason for Exemption	Identification Number (If Required)
AR		
IA		
IN		
KS		
KY		
MI		
MN		
NC		
ND		
NE		
NJ		
NV		
OH		
OK		
RI		
SD		
TN		
UT		
VT		
WA		
WI		
WV		
WY		

SSUTA Direct Mail provisions are not in effect for Tennessee.

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.

XX		
XX		
XX		
XX		
XX		
XX		
XX		
XX		
XX		
XX		
XX		
XX		
XX		
XX		
XX		

**EPA CERTIFICATION
COMPLIANCE STATEMENT**

Company Name: _____

Address: _____

City, State, Zip: _____

Phone No: _____ **Fax No:** _____

Email: _____

The following technician has successfully completed an EPA approved refrigerant certification program. A copy of his or her certification card is attached. I understand that it is my responsibility to notify McKenney Supply, Inc. of any changes in the status of certified employees.

NAME	CERTIFICATE NUMBER	TYPE
		40 CFR, part 82, subpart F

The following persons are authorized to accept delivery of or to purchase refrigerant on behalf of our certified technician:

Name of authorized Purchaser(s)	

Print or type certificate holder's name

Certificate holder's signature

The information provided is correct as of _____ (date).