



*106 E Pleasure Ave Searcy AR 72143
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CREDIT APPLICATION

Please read all terms information and provide complete names, addresses, phone and fax numbers. Information not provided may slow processing of application. All sales will be cash until credit is approved. A \$250.00 minimum annual activity is required to keep the account active. Accounts are due net 10th of month following statement date. Past due accounts will be charged maximum legal finance charges and all collection fees.

Company Name _____

Mailing Address _____

Shipping Address _____

Accounts Payable Contact and Phone Number _____

Company Phone Number _____

Company Fax Number _____

E-Mail Address _____

TYPE OF BUSINESS

Sole Proprietorship _____ Partnership _____ Corporation _____

LLC _____ State Incorporated _____ Subsidiary/Div _____

Credit Line Requested _____

Number of Years in Business Under This Name _____

Number of Years in Business At This Location _____

Annual Sales Volume _____

PLEASE CONTINUE ON NEXT PAGE

Do You Require Purchase Order Numbers On Invoices? _____

Persons Allowed To Charge To This Account _____

Names, Addresses, & Phone Numbers of Owners, Partners and or Officers

Payment Personally Guaranteed By _____ **Title** _____

Trade References

Name _____ **Person to Contact** _____

Address _____ **Acct. #** _____

Telephone # _____ **Fax #** _____

Name _____ **Person to Contact** _____

Address _____ **Acct. #** _____

Telephone # _____ **Fax #** _____

Name _____ **Person to Contact** _____

Address _____ **Acct. #** _____

Telephone # _____ **Fax #** _____

Bank _____ **Officer** _____

Address _____ **Acct.#** _____

Telephone _____ **Fax** _____

Resale Permit Number (if for resale, please complete form) _____

FED I D Number of Company _____

Social Security Number of Individual _____

All Statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agent from any liability resulting from their credit survey.

Authorized Signature _____ **Title** _____ **Date** _____

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			
Seller's address	City	State	Zip code

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

- | | |
|---|---|
| <p>01 Accommodation and food services
 02 Agricultural, forestry, fishing, hunting
 03 Construction
 04 Finance and insurance
 05 Information, publishing and communications
 06 Manufacturing
 07 Mining
 08 Real estate
 09 Rental and leasing
 10 Retail trade</p> | <p>11 Transportation and warehousing
 12 Utilities
 13 Wholesale trade
 14 Business services
 15 Professional services
 16 Education and health-care services
 17 Nonprofit organization
 18 Government
 19 Not a business
 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>) _____
 B State or local government (<i>name</i>) _____
 C Tribal government (<i>name</i>) _____
 D Foreign diplomat # _____
 E Charitable organization # _____
 F Religious or educational organization # _____
 G Resale # _____</p> | <p>H Agricultural production # _____
 I Industrial production/manufacturing # _____
 J Direct pay permit # _____
 K Direct mail # _____
 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	_____	_____
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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).

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. <div style="border: 1px solid black; padding: 2px;">McKenney Supply Inc</div>	
	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 checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <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.) <div style="border: 1px solid black; padding: 2px;">106 E Pleasure Ave</div>	Requester's name and address (optional)
	6 City, state, and ZIP code <div style="border: 1px solid black; padding: 2px;">Searcy, AR 72143</div>	
	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 *How to get a TIN* 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.

Social security number									
or									
Employer identification number									
7	1	-	0	4	1	2	2	4	0

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 ▶ 1/1/15
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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 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?* 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.