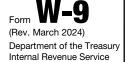
☐ CHECK IF ORDER CURRENTLY PENDING

CREDIT APPLICATION FORM

Please fill in COMPLETELY in order to expedite approval process.

PRODUCT INTEREST —				
Applying to purchase: Tyvek® Protec®				
CUSTOMER PROFILE				
Business Name:	Principal Contact for			
Bill to address:	certification process (name and title):			
	(name and title): Email:			
	Phone: Fax:			
	Contact for pricing & promotions:			
Website:	Contact's Email:			
GENERAL INFORMATION				
Purchasing Contact:				
Email:	(If requesting more than \$10,000, you must include most recent copy of financial statements).			
Phone: Fax:	Set up my account as check in advance or credit card*			
Payables Contact:	* I allocation will not account availt acress as the control of the balance of an account			
Email:	please check the box.			
Phone: Fax:	Date Business was established:			
	City:			
Job Number required? Yes No	County:			
Tax Exempt? Yes No If yes, you must enclose Exemption Certificate.	State: Zip:			
ii yes, you must enclose Exemption octanicate.	219.			
Bank Name:	Account Number:			
Address:	Phone:			
City, State, Zip:				
BUSINESS TYPE —				
Corporation Taxpayer ID#:	Sole Proprietor Taxpayer ID#:			
President Name:	Sole Proprietor Name:			
President Email:	Address:			
Partnership Taxpayer ID#:				
Partner Name: % Owned:				
Partner Email:	Phone:			
	Email:			





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.

Befor	е у	bu begin. For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.											
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the orentity's name on line 2.)	wner's na	me on	line 1, a	and ent	ter the	busi	ness/d	isregard	led		
	Business name/disregarded entity name, if different from above.												
Print or type. See Specific Instructions on page 3.	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. Individual/sole proprietor			- Ex	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)								
	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						(Applies to accounts maintained outside the United States.)						
See	5	5 Address (number, street, and apt. or suite no.). See instructions.					and address (optional)						
	6 City, state, and ZIP code												
	7 List account number(s) here (optional)												
Pai	t I	Taxpayer Identification Number (TIN)											
Enter	VOL	r TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid	Social	secur	ity nun	nber						
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 <i>How to get a TIN</i> , later.						-		_					
					yer ide	entifica	ation n	umb	er				
		ne account is in more than one name, see the instructions for line 1. See also What Name To Give the Requester for guidelines on whose number to enter.	and		-								
Par	i II	Certification	l			-	-						
Unde	· pe	nalties of perjury, I certify that:											
1. The	nu	mber shown on this form is my correct taxpayer identification number (or I am waiting for	a numbe	er to be	issue	d to n	ne); aı	nd					
Sei	vice	of subject to backup withholding because (a) I am exempt from backup withholding, or (b) a (IRS) that I am subject to backup withholding as a result of a failure to report all interest oper subject to backup withholding; and									ım		
3. I ar	n a	U.S. citizen or other U.S. person (defined below); and											
4. The	FA	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportin	a is corr	ect.									

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	Signature of	
	U.S. person	Dat

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

	— *MAJOR TRADE REFERENCES (must have €	email address to process)- Only nee	ded if requesting open account					
*MAJOR TRADE REFERENCES (must have email address to process)- Only needed if requesting open account Trade references should be businesses you are currently on open account terms with. Large corporations typically will not share trade information. Providing references that will not share your information will only delay your application.								
Supplier Name Phone Number with a		ne Number with area code	Email Address					
1 _								
2 _								
3 _								
	TERMS AND CONDITIONS OF ACCOUNT							
	yment Terms: For Tyvek® or Protec®: 1% 10, Net 30 terms will be listed on the quote.	0 days from date of invoice. Any nor	n-standard payment					
	nditions:							
1)	Terms and Conditions of sale are found on your	price list or the quote provided.						
2)	Applicant warrants that all statements on this form are true and correct and are made for the purpose of obtaining credit from Hallmark Building Supplies, Inc. (hereafter Hallmark). Applicant authorizes Hallmark to request credit information from the references herein list or from other sources pertaining to Applicant's financial responsibility. Applicant agrees to payment terms listed above based on the product/s purchased.							
3)	Submitted Financial Statement will be kept in the strictest confidence by Hallmark personnel.							
4)	Applicant further agrees to pay late payment penalty of 1.5% per month(18% annually) on any unpaid balance due. The applicant agrees to indemnify Hallmark for all expenses incurred in connection with collection of accounts payable, including court costs and attorney's fees.							
5)	In the event that open account is not extended, wire transfer, and credit card at time of shipment are available to obtain product. Call for details.							
6)	Sales Tax Exemption Certificates: A \$35 processing fee will be charged for sales tax credits issued if the sales tax exemption certificate is not provided with the credit app, or, if a project is tax exempt, the project exemption certificate was not provided at the time of order. If a request for a sales tax credit is received, and a valid sales tax exemption certificate is provided, Hallmark will review invoices for the last 60 days. If invoices on account exceed 60 days, it is the applicant's responsibility to contact the appropriate taxing authorities to request refund.							
7)	If an account is turned over to a collection agency for non payment, ALL fees Hallmark incurred must be paid to Hallmark prior to evaluating the account for future business.							
8)	GOVERNING LAW. THIS AGREEMENT SHALL BE CONSTRUED AND INTERPRETED IN ACCORDANCE WITH, AND ALL DISPUTES HEREUNDER SHALL BE GOVERNED BY, THE LAWS OF THE STATE OF WISCONSIN, WITHOUT RESORT TO CONFLICT OF LAWS PRINCIPLES. YOU FURTHER IRREVOCABLY SUBMIT TO THE JURISDICTION OF THE STATE OR FEDERAL COURT LOCATED IN THE STATE OF WISCONSIN, COUNTY OF WAUKESHA, OVER ANY DISPUTE ARISING OUT OF OR RELATING TO THIS AGREEMENT. YOU HEREBY IRREVOCABLY WAIVE, TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, ANY OBJECTION WHICH YOU MAY NOW OR HEREAFTER HAVE TO THE LAYING OF VENUE OF SUCH DISPUTE BROUGHT IN SUCH COURT OR ANY DEFENSE OF INCONVENIENT FORUM IN CONNECTION THEREWITH.							
Ву	signing, you understand and agree to the terms a	above:						
Ful	l Name (printed or typed):							
Authorized Signature: Title:								
Company		Date:	Data:					

FOR SECURITY PURPOSES, THESE FORMS CAN BE FILLED OUT, PRINTED AND EMAILED TO CREDIT@HLLMARK.COM OR FAXED TO 800-688-7842.

CONFIDENTIAL INFORMATION WILL NOT BE SAVED OR STORED ELECTRONICALLY.

