

Corporate Office:

100 Gast Road Hampshire, IL 60140 Phone: 800-927-3293 Fax: 800-824-8942 www.minerallac.com

Regional Office:

4118 B Place NW, Suite A Auburn, WA 98001-2462 Phone: 800-927-3293 Fax: 206-789-9362 www.minerallac.com













REDMURE

Dear Potential Customer:

Thank you for your interest in opening a business account with Minerallac Company.

We request information about your business and obtain a signed credit application from all of our customers. This confidential information is necessary to reach a credit decision based on the most accurate and current information and to better serve your needs.

The credit application package includes this introductory letter, Credit Application, and a Request for Taxpayer Identification Number and Certification (W-9). Also, include a current resale certificate. All sections of each form must be completed in their entirety, signed, and returned to Business Development Support (see below) before consideration will be given to any request. Your request may take two business days or more to process. Applications with orders will be handled on an individual basis.

Please return completed forms via:

Mail: Minerallac Company

Attention: Business Development Support

100 Gast Road Hampshire, IL 60140

Fax: 800-824-8942 Email: bds@minerallac.com

Should you have any questions, please call 800-927-3293.

We look forward to hearing from you. Thank you for your cooperation in this matter.

Sincerely,

Business Development Team Minerallac Company





CREDIT APPLICATION

100 Gast Road			FEIN # - a	ttach W-9	
Hampshire, IL 60140 Tel 800-927-3293)		Tax Exem	pt - attach certificate(s)	State ExemptMulti-State Exempt
Fax 800-824-8942			Anticipate	ed Annual Purchases	
www.minerallac.com					
Legal Name:		Phone:		Fax	:
Type of Business: O	Distributor	Parent Con	npany Name:_	(if different than branch	a or cornerate name)
_	OEM STAFDA			(ii dinerent tilah bilanci	For corporate name)
Corporate Office Add	ress:				
Date business was e	stablished:			_ Payables are processed	by: O Corporate Office
Marketing Group Me	·	ffiliated Distributors NARK Electric			O Branch O Third Party
	O N/	/A IMARK Plumbi	ng	Purchase Order Required	d: O No
			-	ldress:	
				State	
•		'	•	g Contact:	·
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	O Email O Mail	I O Fax O EDI		dress/Fax number	
				er ellech een.	
Name	Account Number	BANK & (3) TRADE I	Contact	- or attach copy Phone	Fax
	— ————	er			гах
	_		_		
•	•			I will pay all invoices on e creditor, all decisions v	
extension, continu undersigned shall amount. The under	ation or termina be responsible signed gives pe	ation of credit will be for all collection cos	e at the sole o	discretion of the creditor ney's fees in connection References to release in	c. Additionally, the with any delinquent
Minerallac Compa	ny.				
Signature of Authoriz	ed Representative	e:		Title	
		Printed Name		Date	
		i filitou naine		Date	













REDMORE



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.

	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								
Print or type. Specific Instructions on page 3.	following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):							
		Exempt payee code (if any)							
	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that	Exemption from FATCA reporting code (if any)							
F iji	is disregarded from the owner should check the appropriate box for the tax classification of its owner.	(4-1:-4-110)							
bed	Outer (see instructions) F	(Applies to accounts maintained outside the U.S.) and address (optional)							
See S	Viduress (number, street, and upt. of state no.) see institutions.	ia address (optional)							
Ō	6 City, state, and ZIP code								
	7 List account number(s) here (optional)								
Par	t I Taxpayer Identification Number (TIN)								
	your fire in appropriate box. The fire provided materials from and given on the avoid	urity number							
reside	p withholding. For individuals, this is generally your social security number (SSN). However, for a nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	- -							
TIN, la									
	in the decedant le in more than one harrie, eee the metractione for into 117 ties eee 177 at 74 and and	dentification number							
Numb	er To Give the Requester for guidelines on whose number to enter.								
Par	Certification								
Unde	penalties of perjury, I certify that:								
2. I ar Ser	number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issun not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been now vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) to onger subject to backup withholding; and	otified by the Internal Revenue							
3. I ar	n a U.S. citizen or other U.S. person (defined below); and								
1 The	EATCA code(a) entered on this form (if any) indicating that I am exempt from EATCA reporting in correct								

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,

other than	1 1 2/	utions to an individual retirement arrangement (IRA), and generally, payments, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person ▶	Date ►	

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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.

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 taxpaver 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,