

# HERCULES<sup>®</sup>

## SEALING PRODUCTS

We would like to thank you for your interest in our company. Attached is the information we need in order to process your request. Please COMPLETE only the applicable sections of the form and fax back to me as soon as possible. (See the Instructions below for your required sections)

### INSTRUCTIONS:

**CATALOG REQUEST** (pls. allow 5-10 days shipping)  
Company Information, Referral and Catalog Sections Required  
*DO NOT REQUIRE* a Federal ID# or President/Owner SSN# or Resale Tax Certificate

**CREDIT CARD APPLICATION** (Immediate Activation)

**C.O.D. APPLICATION** (Immediate Activation)  
Company Information, Referral and Catalog Sections Required  
Require a Federal ID# or President/Owner SSN#, applicable Resale Tax Certificate

**NET 30 TERMS APPLICATION** (3-5 days for approval)  
All Information is Required. Fill out and Sign all Sections Completely

**W-9 FORM** (Required for Net 30 applicants only)

**COPY OF RESALE TAX CERTIFICATE MUST BE SUBMITTED IF YOUR COMPANY SHIPS WITHIN THE FOLLOWING STATES:**

Arizona	California	Florida	Washington	Ohio
Missouri	Virginia	Texas	Illinois	

If you have any questions, please do not hesitate to contact me at 1-800-244-5617 ext. 1070, or via e-mail at [gdecaire@herculesus.com](mailto:gdecaire@herculesus.com).

Thank you for your time and we look forward to speaking with you soon!

Sincerely,

Gina Decaire  
Customer Development

1016 N. Belcher Road Clearwater, FL 33675  
Phone: 800-777-5617 ext. 1070  
Fax: 1-800-330-5617



Hercules Sealing Products
1016 North Belcher Road
Clearwater, FL 33765 USA

CREDIT APPLICATION

Toll Free: 1-800-777-5617
International: (727) 796-1300
Fax: (800) 759-6391
Intl Fax: (727) 797-8849
E-Mail: sales@herculesus.com

Please Indicate Type of Request:
[ ] Catalog
[ ] COD
[ ] Credit Card
[ ] Net 30

COMPANY INFORMATION

Company Name:
Billing Address: City: State: Zip:
Shipping Address: City: State: Zip:
Branch Office: DBA:
Phone: Fax:
Business Structure (Sole Ownership, Partnership, Corporation):
Type of Business: Year Business Established: At current Address Since:
Federal ID#: President/Owner SSN:
Owner/President:
Primary Contact Person: Title:
Controller: Annual Purchases:
Website: E-Mail:
Primary Industry (Choose One):

BANK REFERENCES

Bank Name and Address:
Account #: Contact Name & Phone:

TRADE REFERENCES

Firm Name: City, State: Phone/Fax:
1:
2:
3:

CREDIT AGREEMENT

I understand the following and will abide by your company regulations:

- 1. Notify Hercules Sealing Products of any changes in ownership of your company.
2. If granted credit, our company agrees to pay all invoices within 30 days of invoice date.
3. It is agreed that our company will pay 1.5% per month which is 18% yearly for all past due balances.
4. It is agreed that our account will become COD if we fail to pay invoices within the above stated terms.
5. Our company financial condition is satisfactory and we can meet all financial obligations.
6. There are no lawsuits or judgements against me at this present time. If our company defaults on payment of any outstanding valid invoices we agree to pay attorney and/or collection expenses.

Credit Amount Requested

I AGREE TO PAY MY ACCOUNT WITHIN THE TERMS AND AUTHORIZE YOU TO OBTAIN SUCH INFORMATION YOU MAY REQUIRE CONCERNING THIS APPLICATION.

Signed CREDIT AGREEMENT SIGNATURE Signed PERSONAL GUARANTEE SIGNATURE
Title Title
Date Date

REFERRAL INFORMATION

How did you learn about Hercules Sealing Products? Please Choose One:

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input 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) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line to avoid backup withholding. For individuals, this is 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.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### 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).

**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 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.