

ATTENTION: _____



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, pls. Fill out and Sign all Sections Completely

___ **W-9 FORM**

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

California	Colorado	Florida	Michigan
Missouri	Nevada	Virginia	Texas

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.

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



UNITED STATES DOMESTIC CREDIT APPLICATION

HERCULES SEALING PRODUCTS
1016 NORTH BELCHER ROAD
CLEARWATER, FLORIDA 33765 USA

TOLL FREE: 1-800-777-5617
(727) 796-1300
FAX (800) 759-6391

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:			

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.

DATE _____ SIGNED _____
 X _____ TITLE _____

PERSONAL GUARANTEE

REFERRAL INFORMATION

HOW DID YOU LEARN ABOUT HERCULES SEALING PRODUCTS? PLEASE CIRCLE ONE:

Trade Show: _____ Magazine: _____ Previous Employer: _____ Hercules Customer: _____ Website: _____
 Other: _____

DO NOT WRITE IN THIS BOX - FOR HERCULES USE ONLY

Customer #: _____ Type: _____ Territory: _____
 Copies: _____ SIC: _____ Date Added: _____

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.	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) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	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), 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 ▶
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General Instructions

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

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.



Sales Tax Exemption Certificate Multi - Jurisdiction

See page 2 for instructions

Last Name or Business Name		First Name		Middle Initial	
Address					
City			State	ZIP	
I Certify That					
Name of Firm (Buyer)					
Address					
City			State	ZIP	
Qualifies As (Check each applicable item)					
<input type="checkbox"/> Wholesaler		<input type="checkbox"/> Retailer		<input type="checkbox"/> Manufacturer	
<input type="checkbox"/> Political Subdivision or Governmental Agency		<input type="checkbox"/> Charitable or Religious			
		<input type="checkbox"/> Other (Specify)			
If Other, specify here					
<p>1) and is registered with the below listed states and cities within which your firm would deliver purchases to us which are for resale or lease by us in the normal course of our business which is <input style="width: 150px;" type="text"/> or</p> <p>2) that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is:</p>					
<input type="checkbox"/> Political Subdivision or Governmental Agency		<input type="checkbox"/> Charitable or Religious		<input type="checkbox"/> Otherwise Exempt By Statute (Specify)	
If Otherwise Exempt By Statute, specify here					
City or State	State Registration or ID Number	City or State	State Registration or ID Number	City or State	State Registration or ID Number
City or State	State Registration or ID Number	City or State	State Registration or ID Number	City or State	State Registration or ID Number
City or State	State Registration or ID Number	City or State	State Registration or ID Number	City or State	State Registration or ID Number
<p>If the list of states and cities is more than six(6), attach a list to this certificate. I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sale or Use Tax we will pay the tax due direct to proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be called until canceled by us in writing or revoked by the city or state.</p>					
General Description of products to be purchased from seller					
Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.					
Authorized Signature (<i>owner, Partner or Corporate Officer</i>)			Title		Date (MM/DD/YY)

