



GUARD-LINE, INC.

1001 Progress Drive
P.O. Box 1030
Atlanta, TX 75551-1030
(903) 796-4111 FAX (903)796-7262

MANUFACTURERS...SAFETY PRODUCTS FOR HAND & BODY PROTECTION

APPLICATION FOR CREDIT

Date: _____ 20__

We hereby apply for the extension of credit by your firm. The following information is submitted as a basis for your consideration of our application.

Legal Company Name: _____ Type of Business: _____

D.B.A. (if different from above): _____

Street Address (Ship To): _____

City: _____ State: _____ Zip: _____

Telephone:() _____ Toll Free:() _____ Fax:() _____

Billing Address / PO Box: _____ Telephone: () _____

City, State & Zip: _____

Please Check One: Individual Partnership Corporation Federal Tax No: _____

Date of Organization or Incorporation: _____ State: _____

Registered Agent with Secretary of State: _____

E-mail Address: _____ Web Address: _____

Accounts Payable Telephone: () _____ Accounts Payable E-mail Address: _____

Purchasing Telephone: () _____ Purchasing E-mail Address: _____

Full Name of Owner(s) (or an Authorized Officer of Corporation). List Home Address and Telephone Number for Partnership or Individual (Attach List if Required).

Name and Title: _____

Street Address: _____

City, State & Zip: _____ Telephone:() _____

Name and Title: _____

Street Address: _____

City, State & Zip: _____ Telephone:() _____

When Safety's On The Line...Insist On





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TRADE CREDIT REFERENCE (OR ATTACH INFORMATION SHEET)

Firm Name: _____ Type of Business: _____

Street Address: _____

City, State & Zip: _____ Telephone:() _____

Fax: () _____ E-mail Address: _____

Firm Name: _____ Type of Business: _____

Street Address: _____

City, State & Zip: _____ Telephone:() _____

Fax: () _____ E-mail Address: _____

Firm Name: _____ Type of Business: _____

Street Address: _____

City, State & Zip: _____ Telephone:() _____

Fax: () _____ E-mail Address: _____

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MANUFACTURERS...SAFETY PRODUCTS FOR HAND & BODY PROTECTION

BANK REFERENCES

Bank Name: _____ Contact: _____

Account Number: _____ Telephone: () _____

Loan Type: _____ Dollar Amount: _____

Bank Name: _____ Contact: _____

Account Number: _____ Telephone: () _____

Loan Type: _____ Dollar Amount: _____

TERMS AND CONDITIONS OF SALE

For and in consideration of the sale of goods and the extension of credit to Applicant, the undersigned promises to pay to the order of Guard-Line, Inc. at its Corporate office in Atlanta, Texas all charges to the account of Applicant on net 30 day terms. In the event said account becomes past due, the undersigned agrees that interest shall be added to the past due balance at the rate of one-half percent (.5%) per month, (six percent (6%) per annum) from the due date until paid. If the account is placed in the hands of an attorney or collection agency for collection or suit, then an additional reasonable amount, not to be less than ten percent (10%) of the amount past due, shall be added as attorney's and or collection fees. Applicant agrees that in any litigation involving payment of this account, jurisdiction, venue and the law suit shall be proper in the appropriate state or federal district court located in Cass County, Texas. Applicant authorizes Guard-Line, Inc., or its agents, to contact the trade and bank references furnished herein to further investigate the creditworthiness of the Applicant.

APPLICANT'S SIGNATURE ATTESTS ABOVE INFORMATION IS TRUE AND TO THE BEST OF HIS/HER KNOWLEDGE, FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE TERMS DISCLOSED HEREIN:

Legal Company Name

Signature

Title (Owner, Partner, Officer)

Name (Please Type or Print)

When Safety's On The Line...Insist On



Texas Sales and Use Tax Resale Certificate

Name of purchaser, firm or agency as shown on permit	Phone (Area code and number)											
Address (Street & number, P.O. Box or Route number)												
City, State, ZIP code												
Texas Sales and Use Tax Permit Number (must contain 11 digits)												
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>												
Out-of-state retailer's registration number or Federal Taxpayers Registry (RFC) number for retailers based in Mexico												
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%;"></td> </tr> </table> (Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)												

I, the purchaser named above, claim the right to make a non-taxable purchase (for resale of the taxable items described below or on the attached order or invoice) from:

Seller: _____

Street address: _____

City, State, ZIP code: _____


Description of items to be purchased on the attached order or invoice:

Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

The taxable items described above, or on the attached order or invoice, will be resold, rented or leased by me within the geographical limits of the United States of America, its territories and possessions or within the geographical limits of the United Mexican States, in their present form or attached to other taxable items to be sold.

I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, lease or rental, I must pay sales tax on the items at the time of use based upon either the purchase price or the fair market rental value for the period of time used.

I understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease or rental, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

 Purchaser	Title	Date
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This certificate should be furnished to the supplier.
Do not send the completed certificate to the Comptroller of Public Accounts.

Texas Sales and Use Tax Exemption Certification

This certificate does not require a number to be valid.

Name of purchaser, firm or agency	
Address (Street & number, P.O. Box or Route number)	Phone (Area code and number)
City, State, ZIP code	

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: _____


Street address: _____ City, State, ZIP code: _____

Description of items to be purchased or on the attached order or invoice:

Purchaser claims this exemption for the following reason:

I understand that I will be liable for payment of all state and local sales or use taxes which may become due for failure to comply with the provisions of the Tax Code and/or all applicable law.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

 Purchaser	Title	Date
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NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.

THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.

Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

**This certificate should be furnished to the supplier.
Do not send the completed certificate to the Comptroller of Public Accounts.**

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.

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

Social security number	
	-
	-
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 IRS.gov 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.