



EMERGENCY RESPONSE CREDIT APPLICATION

Return to Sales Contact with W-9 and applicable Tax Exemption(s).

| | | |
|---------------------------|--------------|--------------|
| Sales Contact & ID: _____ | Phone: _____ | Email: _____ |
|---------------------------|--------------|--------------|

The undersigned requests an account with RelaDyne, LLC and its subsidiaries.

APPLICANT BUSINESS AND CONTACT INFORMATION

Business Name: _____

Other Trade Name: _____

Business Phone: _____ Website: _____

Contact Name: _____ Phone: _____ Email: _____

Business Address: _____ City: _____ County: _____ State: _____ Zip: _____

Parent Company or Headquarter Address: _____

Billing Correspondence Email: _____

Dun & Bradstreet #: _____ Years in Business: _____

Corporation Partnership Sole Proprietor Federal, State or Local Gov't
 Privately Held
 Publicly Traded... Symbol: _____

Federal ID # _____ Social Security #: _____

(For Corporation or Government)

(For All Others)

Principal Officers, Partners, or Individual Proprietor *(Attach additional page if necessary.)*

Corporate Officer: _____ Title: _____

Corporate Officer: _____ Title: _____

PRODUCT INFORMATION

| | | | | | |
|-------------------------------------|---------------|---------------------------------------|---------------|---|---------------|
| <input type="checkbox"/> Unleaded | _____ Gallons | <input type="checkbox"/> Clear Diesel | _____ Gallons | <input type="checkbox"/> Dyed Diesel | _____ Gallons |
| <input type="checkbox"/> Water | _____ | <input type="checkbox"/> Propane | _____ | <input type="checkbox"/> DEF | _____ |
| <input type="checkbox"/> Lubricants | _____ | <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Service/Installation | |

Delivery Address: _____

TAX INFORMATION

Sales Tax (Fuel, Lubes, Equipment, Services) N/A Yes No If No, a resale or exemption certificate must be attached.

Destination of Product: Tank Train Boat Generator Vehicle Other: _____

County/Parish: _____ State: _____

I certify that I am authorized to make this request on behalf of this company. I understand that pre-payment for goods or services will be required unless alternative credit terms are approved. I further agree this application is the property of RelaDyne, LLC and its subsidiaries and authorize RelaDyne, LLC and its subsidiaries to investigate credit and financial information through any credit bureau or by any other reasonable means including direct contact with past and present creditors and banking institutions.

Authorized Signature: _____ Date Signed: _____

Printed Name: _____ Phone: _____ Alternate: _____

It is RelaDyne policy that all past due accounts are subject to a finance charge that is the highest allowed by State Law, plus reasonable attorney's fees and costs of suit if the past due account(s) is placed for collection. All Venue is to be Harris County, Texas.

Secure Link for Credit Card Authorization: https://www.suncoastresources.com/cc_app/cc_app.html

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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | | |
|--|-----------|---|---|
| Print or type. See Specific Instructions on page 3. | 1 | Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) | |
| | 2 | Business name/disregarded entity name, if different from above. | |
| | 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. <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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ | 4 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) _____ <i>(Applies to accounts maintained outside the United States.)</i> |
| | 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 _____ <input type="checkbox"/> | |
| | 5 | Address (number, street, and apt. or suite no.). See instructions. | Requester's name and address (optional) |
| | 6 | City, state, and ZIP code | |
| | 7 | 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 line 1 to avoid 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 *How to get a TIN*, later.

| | | | | | | | | | |
|---------------------------------------|--|--|--|---|--|--|--|--|--|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| - | | | | - | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | | | | | | |
| - | | | | | | | | | |

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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 for Part II, later.

| | | |
|------------------|--------------------------|------|
| Sign Here | Signature of U.S. person | Date |
|------------------|--------------------------|------|

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