



Welcome New Customer!

Thank you for your interest in purchasing from Sentry Equipment Corp. Attached, please find our New Customer Credit Application along with our W9 and Remit-To information.

Note: **Domestic** customers, please allow up to 2 business days from the time we receive the completed application for your credit to be properly vetted. **International** customers, please allow up to 5 business days from the time the completed application is received for your credit to be properly vetted.

If an order is urgent and will require shipment before credit is vetted, please contact our Customer Service Group at orders@sentry-equip.com or **262-567-7256** and we will make every effort to accommodate you. This may require cash in advance or a credit card payment.

Please return the completed credit application and tax-exemption forms (if applicable) to orders@sentry-equip.com.

We look forward to doing business with you!

Karen Jones
Commercial Operations Manager
Karen.jones@sentry-equip.com
262-354-6283

Sentry Equipment Corp

966 Blue Ribbon Circle North | Oconomowoc, WI 53066 U.S.A. | +1-262-567-7256 | +1-262-567-4523 fax
sales@sentry-equip.com | sentry-equip.com

**SENTRY EQUIPMENT CORP
 NEW CUSTOMER – CREDIT APPLICATION FORM**

Please complete the form and return via email at Orders@sentry-equip.com

GENERAL INFORMATION			
Legal Corporation Name*(Sold To):			
Subsidiary of, if applicable:			
Division of, if applicable:			
Physical Address*:			
City*:	State*:	Zip Code*:	Country*:
Phone*:	Fax*:		
Legal Form Under Which the Business Operates*: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship		Your Primary Market*: <input type="checkbox"/> Cement <input type="checkbox"/> Food and Beverage <input type="checkbox"/> Hydrocarbon Processing <input type="checkbox"/> Mining <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Utilities – Power/Water <input type="checkbox"/> Other, explain _____	
NAICS Code*:			
Date Established*:			
DNBI# (if none, put 0000)*:		Federal Tax ID of VAT Number*:	

PRIMARY SHIP TO (If your company uses a primary ship to address, please provide below.) Same as Sold To: Yes <input type="checkbox"/>		
Company Name (if different):		
Physical Address:		
City:	State:	Zip Code:
Phone:		Fax:

TAXATION	
Tax Exempt*: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please click the link below to upload/create your Company's tax exemption form at: https://app.certexpress.com/?c=3252326a46796533686f542b424c41572b673d3d

BILLING INFORMATION			
Is Billing Address Same as Above*: Yes <input type="checkbox"/>			
Billing Address (if different from above):			
City:	State:	Zip Code:	Country:
Phone:	Fax:		



Sample. Monitor. Measure.

SENTRY

Any Application. Anywhere.

AP Contact Name*:	
Email Address*:	Phone*:
Would you like invoice emailed*? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide an email address to send invoices to:
PURCHASING INFORMATION	
Purchasing Contact Name*:	
Email Address*:	Phone*:

BANKING (please attach to email if you have banking information on separate sheet)		
Institution Name:		
Address:		
City:	State:	Zip Code:
Banker's Name:		
Email Address:		Phone:
Type of Account:	Account Number:	

TRADE REFERENCES (please attach to email if you have references on separate sheet)		
Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Email Address:		

AGREEMENT	
All invoices are to be paid within the terms of the invoice. Claims arising from invoices must be made within seven working days. By submitting this application, you authorize Sentry Equipment Corp. to make inquiries into the banking and business/trade references that you have supplied.	
Signature:	Date:
Print Name:	Title:

Sentry Equipment Corp

966 Blue Ribbon Circle North | Oconomowoc, WI 53066 U.S.A. | +1-262-567-7256 | +1-262-567-4523 fax
sales@sentry-equip.com | sentry-equip.com

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Sentry Equipment Corp</p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check 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 is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 966 Blue Ribbon Circle N</p> <p>6 City, state, and ZIP code Oconomowoc, WI 53066</p>	<p>Requester's name and address (optional)</p>
	<p>7 List account number(s) here (optional)</p>	

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.

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

Social security number									
or									
Employer identification number									
3	9	-	0	3	4	3	2	8	0

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ <i>Jamie Staat</i>	Date ▶ 01/01/2020
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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.

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 taxpayer 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, later.

Remit to Information

Bank Information for Payments made in USD dollars.

Wire Transfer Payments

Associated Bank N.A.
Green Bay, Wisconsin USA
SWIFT: ABGBUS44
ABA: 075900575
Account #: 1403-3998

For The Benefit of
Sentry Equipment Corp
966 Blue Ribbon Circle North
Oconomowoc, WI 53066

(PREFERRED METHOD)

ACH Payments

Associated Bank N.A.
Green Bay, Wisconsin USA
ABA: 075900575
Account #: 1403-3998

For The Benefit of
Sentry Equipment Corp
966 Blue Ribbon Circle North
Oconomowoc, WI 53066

Check Payments mail to:

Sentry Equipment Corp
PO Box 8441
Carol Stream, IL 60197-8441

Accounts Receivable Contact Email: AR@sentry-equip.com

Please forward payment detail (ie: Invoice # and amount being paid) to email address:
AR@sentry-equip.com to reduce the risk of application errors on your account.

End-Use Certificate

* Name of Customer Completing Form: _____

* End User Company Name: _____

Customer P.O. Number: _____

Sentry Quote Number: * _____

*End-Use of Equipment: _____

*End User Address: _____

(Required: City & State) _____

* End User Country of Final Destination: _____

End User Telephone/Fax: _____

End User Contact Name: _____

* End User Nature of Business: _____

Customer acknowledges that the goods and technology supplied by Sentry Equipment Corp., and its divisions, are subject to U.S. export controls and trade sanctions. We agree not to transfer, sell, re-export or otherwise divert the goods and/or technology except in compliance with all applicable U.S. export controls and trade sanctions. In addition, we certify that the goods and/or technology will not be used in connection with any prohibited end-uses, including but not limited to prohibited nuclear, missile, or chemical and biological weapons end-uses.

* Customer Signature:

* Date:

Note: This certificate does not need to be filled out by the actual end user. This certificate can be filled out by any company purchasing our equipment for the purpose of resale or integration into larger systems.

* Required Field
