



New Customer Credit Packet Instructions

Fabriweld Corporation would like to thank you for your interest in doing business with us. If you have any questions as you read through the accompanying material, please do not hesitate to contact us at 419-663-0279.

Page 1 – Credit Application

This form needs to be filled out completely and signed by either the owner of the company or an authorized individual of the company. If you already have a prepared list of references you may return it with the application instead of completing the reference section on the application.

Page 2 – Uniform Sales and Use Tax – Multi-jurisdiction

If your company is tax exempt in any states this form needs to be filled out and returned. If this form is not returned your company will be charged sales tax on all purchases from our company.

Please Return Completed Packet Via Email To:

accounting@fabriweld.com

FABRIWELD CORPORATION

CORPORATE OFFICE
405 INDUSTRIAL PARKWAY
NORWALK, OH 44857
PH: 419-663-0279; FAX 419-663-3010
accounting@fabriweld.com

MANUFACTURING ADDRESSES

405 INDUSTRIAL PARKWAY
NORWALK, OH 44857

360 EASTPARK DRIVE
NORWALK, OH 44857

FABRIWELD CORPORATION
CORPORATE OFFICE
405 INDUSTRIAL PARKWAY, NORWALK, OHIO 44857
PH: 419-663-0279; FAX: 419-663-3010
EMAIL: ACCOUNTING@FABRIWELD.COM

CREDIT APPLICATION

COMPANY INFORMATION			
Company Name:		Established:	
Address:		Federal Tax ID:	
City, State, Zip Code:		Tax Exempt?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If, Yes, please provide form)
Phone Fax:		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
E-Mail:			<input type="checkbox"/> Other
Type of Business:		Bank Name:	
Purchasing Contact:		Bank Contact:	
Purchase Order Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Accounts Payable Contact:		Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Invoice Preference:	<input type="checkbox"/> Email _____	<input type="checkbox"/> Fax _____	
All invoices sent electronic			
Monthly Statement Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

BUSINESS/TRADE REFERENCES

Company Name:		Contact:	
Phone/Fax:		E-Mail:	
Company Name:		Contact:	
Phone/Fax:		E-Mail:	
Company Name:		Contact:	
Phone/Fax:		E-Mail:	

AGREEMENT

By submitting this application, you authorize Fabriweld Corporation to make inquiries via the above supplied banking and business/trade references for the sole purpose of Net 30 account establishment with Fabriweld Corporation.

Signature		Date	
Printed Name		Title	

UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2–4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: _____

Address: _____

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged as a registered

Wholesaler

Retailer

Manufacturer

Seller (California)

Lessor (see notes on pages 2–4)

Other (Specify) _____

and is registered with the below-listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the Seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹		MO ¹⁶	
AR		NE ¹⁷	
AZ ²		NV	
CA ³		NJ	
CO ⁴		NM ^{4,18}	
CT ⁵		NC ¹⁹	
DC ⁶		ND	
FL ⁷		OH ²⁰	
GA ⁸		OK ²¹	
HI ^{4,9}		PA ²²	
ID		RI ²³	
IL ^{4,10}		SC	
IA		SD ²⁴	
KS		TN	
KY ¹¹		TX ²⁵	
ME ¹²		UT	
MD ¹³		VT	
MI ¹⁴		WA ²⁶	
MN ¹⁵		WI ²⁷	

I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by thee city or state.

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: _____

(Owner, Partner, or Corporate Officer)

Title: _____

Date: _____