

Credit Application

The undersigned company is applying for credit with **GTR Technologies**, **Inc.** and agrees to abide by the Terms and Conditions of **GTR Technologies**, **Inc.** as printed on page two.

| Company name: | | | Webs | ite: |
|--|------|--------------|-------|------------------------------------|
| DBA (if different) : | | | | |
| Purchasing Agent Contact: | | | E-ma | il: |
| Accounts Payable Contact: | | | E-ma | il: |
| Address (Physical) : | | | | |
| Address (Mailing) : | | | | |
| Phone : | | | Fax: | |
| Federal tax ID or Social Security number : | | | | |
| Type of business : | | | No. o | f Employees: |
| Date business established : | | | | |
| Types of products you will purchase : | | | | |
| Amount of credit requested \$ | | | | |
| Are you a: CORPORATION | | | | |
| State of incorporation : | | | | |
| Names, titles, and addresses of your three chief corp | orat | e officers : | | |
| | | | | |
| Name and address of your resident agent : | | | | |
| PARTNERSHIP Names and addresses of the partners : | | | | |
| | | | | |
| SOLE PROPRIETORSHIP | | | | |
| Are you sales tax exempt? | | Yes | 🗆 No | SUBMIT RESALE CERTIFICATE) |
| Have you ever had credit with us before? If yes, under what name? | | Yes | 🗆 No | |
| Authorized purchasers : | | | | |
| Purchase order required? | | Yes | | o (PLEASE PROVIDE) |



| | TRAD | REFERENCES |
|---|-------------------------------------|---|
| Reference #1 | Name: | Attn: |
| | Address: | |
| | Phone: | Fax: |
| Reference #2 | Name: | Attn: |
| Reference #2 | Address: | A((), |
| | Phone: | Fax: |
| | Phone: | rdX; |
| Reference #3 | Name: | Attn: |
| | Address: | |
| | Phone: | Fax: |
| | BANK | REFERENCES |
| Bank#1 | Account #: | |
| | Phone: | Fax: |
| | Contact person: | |
| | Name of bank: | |
| | Address: | |
| Bank#2 | Account #: | |
| | Phone: | Fax: |
| | Contact person: | |
| | Name of bank: | |
| | Address: | |
| company and I authorize to ma and banks and obtaining credit | ke such credit investigation as see | uce GTR Technologies, Inc. to extend credit to the applicant. My es fit, including contacting the above trade references orize all trade references, banks, and credit reporting agencies to disclose to y of my company and myself. |
| I have read the terms and cond | litions stated below and agree to | all of these terms and conditions. |
| Authorized signature: | | |
| Printed name: | | |
| Date: | Title: | |
| GEN | ERAL TERMS AND COND | ITIONS AND PERSONAL GUARANTEE |
| Invoice terms are net 30. | | |
| | - | e date and if not paid are considered past due. |
| | | bunts billed if not paid by the end of the month. |
| No additional credit will be | extended to past due accounts u | inless satisfactory arrangements are made with our credit department. |

4. PERSONAL GUARANTEE: IF THE CREDIT CUSTOMER IS A CORPORATION, THEN THOSE SIGNING THIS APPLICATION, WHETHER SIGNING AS AN OFFICER OR NOT, PERSONALLY GUARANTEE PAYMENT FOR ALL ITEMS PURCHASED ON CREDIT BY THE CORPORATION.



To our Credit Applicant:

Financial institutions require written authorization from their accounts prior to releasing any credit information. Please complete and sign the form below and return it with your application for immediate processing.

| - |
|---|

You are hereby authorized to release credit information requested by **GTR Technologies**, **Inc.** on the following account(s) for their confidential use in determining our credit worthiness.

Account Number(s):

| Authorized Signature: | Date: | |
|-----------------------|-------|--|
| | | |

Submit To: <u>accounting@gtr-inc.com</u> or mail to: GTR Technologies Inc. PO Box 1506 Gig Harbor, Wa. 87367

RESALE CERTIFICATE

| 2 | DEPARTMENT OF REVENUE WASHINGTON STATE Name of Seller: |
|----------|--|
| 1. 2. | Name of Seller: Name of Buyer/Business: |
| 2. 3. | Address of Buyer: |
| 5. | Street, City, State & Zip Code |
| 4. | Buyer's Tax Registration Number: |
| 5. | Buyer is in the business of: |
| 6. | Types of items purchased for resale: |
| | The buyer certifies that it is purchasing the items listed on line 6 (please check appropriate box): For resale in the regular course of business without intervening use. For use as an ingredient or component part of a new article of tangible personal property to be produced for sale, as a chemical to be used in processing a new article of tangible personal property to be produced for sale, or for use as feed, seed, seedlings, fertilizer, or spray materials in its capacity as a farmer. The buyer acknowledges that it is solely responsible for purchasing within the categories listed on line 6. The buyer acknowledges that misuse of the resale privilege subjects the buyer to a penalty of 50 percent of the tax due , in addition to the tax, interest, and any other penalties imposed by law. |
| Pr | int Name: |
| | |
| 51 | gnature: |
| | fective Date:through(Not To Exceed 4 Years) |
| Da | ate Signed: |
| | Seller must maintain a copy. <i>Please do not send to Department of Revenue.</i> Reference Rule and Statute (RCW 82.08.130 and WAC 458.20.102) |

For tax assistance, visit http://dor.wa.gov or call 1-800-647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users may call 1-800-451-7985. REV 27 0020 (2/8/05)

| epartmer | N-9 ober 2018) nt of the Treasury evenue Service | asury | | | | | |
|--|---|---|--|--|---|--|--|
| 1 | Name (as shown on yo | ur Income tax return). Name is required on this line; o | to not leave this line blank. | | | | |
| 2 | 2 Business name/disregarded entity name, if different from above | | | | | | |
| 00 2 | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the 4 Exemptions (codes apply only to | | | | | | |
| on page | following seven boxes. | | - | certain entities, not individuals; see instructions on page 3): | | | |
| ŝŝ. | single-member LLC | | | Exempt payee code (if any) | | | |
| Specific Instructions on page | Note: Check the ap LLC If the LLC is cla another LLC that is | pany. Enter the tax classification (C=C corporation, 5 propriate box in the line above for the tax classificati issified as a single-member LLC that is disregarded in not disregarded from the owner for U.S. federal tax y the owner should check the appropriate box for the | on of the single-member ov from the owner unless the o purposes. Otherwise, a sing | wher. Do not check wher of the LLC is le-member LLC that | Exemption from FATCA reporting code (if any) | | |
| 10 | Other (see Instruction | vns) ► | | | Applies to accounts maintained outside the U.S. | | |
| | Address (number, stree | et, and apt. or sulte no.) See instructions. | | Requester's name a | and address (optional) | | |
| See | City, state, and ZIP cor | <u>59</u> | | | | | |
| Ĩ | ony, state, and zer con | | | | | | |
| 7 | List account number(s) | here (optional) | | 8 | | | |
| Part | 107 | | | | | | |
| The nu I am n Servic no lon I am a The F/ | enalties of perjury, I c umber shown on this not subject to backup (IRS) that I am subj ger subject to backu a U.S. citizen or other ATCA code(s) entered | ertify that: form is my correct taxpayer identification num withholding because: (a) I am exempt from ba ect to backup withholding as a result of a failu | ackup withholding, or (b) are to report all interest of apt from FATCA reportin | I have not been n or dividends, or (c) g is correct. | otified by the Internal Revenue the IRS has notified me that I a | | |
| ou have oquisition ther that | e failed to report all inte on or abandonment of | erest and dividends on your tax return. For real ere secured property, cancellation of debt, contribut ds, you are not required to sign the certification, | state transactions, item 2 tions to an individual retir | does not apply. Fo ement arrangement | r mortgage interest paid, t (IRA), and generally, payments | | |
| lign lere | Signature of U.S. person ► | | Date ► | | | | |
| aene | eral Instruct | tions | | vidends, including | those from stocks or mutual | | |
| 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 for the upper publiched, on to upper in gau (Form) (/0) | | 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) | | | | | |
| | | | | | | fter they were published, go to www.irs.gov/FormW9. Purpose of Form | |
| n indivi | idual or entity (Form V | | | | | V-9 requester) who is required to file an S must obtain your correct taxpayer | |
| nformation return with the IRS must obtain your correct taxpayer dentification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number | | | Form 1099-C (canceled debt) | | | | |
| | | | Form 1099-A (acquisition or abandonment of secured property) | | | | |
| induction of the | | r (ATIN), or employer identification number | 4 | | | | |
| IN), to mount i | reportable on an info | r (ATIN), or employer identification number tion return the amount paid to you, or other mation return. Examples of information nited to, the following. | Use Form W-9 on alien), to provide you | y if you are a U.S. Ir correct TIN. | person (including a resident requester with a TIN, you migh | | |

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.

. Form 1099-INT (interest earned or paid)