

APPLICATION FOR CREDIT

Name of Firm or Individual	Year Established
Billing Address	Physical Address
City, State, Zip	Office Phone

HEREBY applies for credit in accordance with the terms and condition of:



WEST TEXAS DEF, LLC
5240 W University Blvd
ODESSA, TX 79764
432-316-2700 Office
ap@westtexasdef.com

Fax

WEST TEXAS DEF, LLC

President
Paula Eckel

Net 30
Terms

The following information must be provided. It will be held in the strictest confidence.

Ownership:

Corporation ☐

Partnership ☐

Individual ☐

LLC ☐

Accounts Payable Contact

Contact Phone

Contact Email

Name(s) of Principal(s)

Complete Address

Bank Name

Address

Phone

REFERENCES:

Business Name

Contact

Email/Phone

1

2

3

If your company will be tax exempt, please provide a signed copy of your resale certificate.

Do you require a PO# for all invoices? _____

Are you Tax Exempt? _____ If yes, please provide Tax Exempt Certificate

Signature

Date



WEST TEXAS DEF, LLC

I represent that the above information is true and is given to induce West Texas DEF, LLC to extend credit to the applicant. My company and I authorize West Texas DEF, LLC to make such credit investigation as West Texas DEF, LLC sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to West Texas DEF, LLC all information concerning the financial and credit history of my company and myself.

Printed Name: _____ Title: _____

GENERAL TERMS AND CONDITIONS

In consideration of West Texas DEF, LLC extending credit to applicant, **applicant agrees to pay West Texas DEF, LLC within (30) days from the date of invoice for all service calls and items delivered to or on behalf of the applicant** and to pay a finance computed at the rate of 1.5% per month (which is an annual percent of 18 percent) applied to invoices not paid within thirty (30) days from date of invoice. All payments should be made to the address shown on the invoice. Should it become necessary to place applicant's account for collection, applicant agrees to pay all invoices, finance charges, legal and collection costs. The undersigned states and affirms he/she has read and understands the above agreement and are an officer of the company with authority to sign this application for credit. Applicant authorizes West Texas DEF, LLC to obtain credit and financial information concerning applicant at any time and from any source. Applicant represents and warrants that the information provided herein is true and correct.

***I have read the terms and conditions stated above and agree to all these terms and conditions.**

Name (print): _____ Date: _____

Signature: _____ Title: _____

**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.) West Texas DEF, LLC	
	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 checked="" 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) (Applies to accounts maintained outside the United States.)
	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. 5240 W University Blvd 6 City, state, and ZIP code Odessa Tx 79764 7 List account number(s) here (optional)	Requester's name and address (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.

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.

Social security number								
			-					
or								
Employer identification number								
8	7		-	3	0	9	5	0 3 7

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 	Date 1/1/25
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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.

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