



THREADLINE PRODUCTS, INC.
CUSTOMER CREDIT APPLICATION

PO Box 11650 Charlotte, NC 28220
 Office 704.527.9052

Please have completed application returned to: AR@Threadlineproducts.com

CUSTOMER CONTACT INFORMATION:

The undersigned company or person is applying for credit with **THREADLINE PRODUCTS, INC.** and agrees to abide by the standard terms and conditions of **THREADLINE PRODUCTS, INC.** as printed below

Date: _____

COMPANY NAME: _____

INVOICE ADDRESS / BILL TO: STREET: _____
 CITY STATE: _____ ZIP: _____

SHIP TO: (if different from Billing) STREET: _____
 CITY STATE: _____ ZIP: _____

OFFICE PHONE: _____ **OFFICE FAX:** _____

EMAIL - INVOICES (AP): _____ **EMAIL - AP CONTACT:** _____

TYPE OF COMPANY:

- LIMITED LIABILITY COMPANY
 PARTNERSHIP
 OTHER
 CORPORATION
 SOLE PROPRIETERSHIP
 S CORPORATION
 INDIVIDUAL

YEAR ESTABLISHED: _____ **FEDERAL TAX ID #:** _____

ARE YOU SALES TAX EXEMPT IN THE STATE OF NC OR SC?

NORTH CAROLINA - IF YES, ATTACH CERTIFICATE **SOUTH CAROLINA - IF YES, ATTACH CERTIFICATE**
 YES NO LICENSE NO _____
 YES NO LICENSE NO _____

ARE YOU A LICENSED BUILDING CONTRACTOR IN THE STATE OF NC OR SC?

NORTH CAROLINA **SOUTH CAROLINA**
 YES NO LICENSE NO _____
 YES NO LICENSE NO _____

PRINCIPAL OWNERS/PARTNERS/MEMBERS/OFFICERS OF COMPANY:

	NAME	HOME ADDRESS	CITY	STATE	ZIP	% OWNERSHIP
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

PRIMARY LINE OF BUSINESS

- DISTRIBUTOR
 FABRICATOR
 CONTRACTOR
 SUB-CONT.
 OTHER

TRADE REFERENCES:

	COMPANY NAME	PHONE#	EMAIL	NAME
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

BANK REFERENCES:

	INSTITUTION NAME	PHONE#	EMAIL	CONTACT	ACCT#	NAME
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

AMOUNT OF CREDIT REQUESTED: \$ _____

GENERAL TERMS AND CONDITIONS:

- 1. INVOICES ARE EMAILED WHEN PRODUCT IS FINISHED
- 2. STANDARD TERMS ARE NET 30 DAYS
- 3. A SERVICE CHARGE OF 2% PER MONTH (24% ANNUAL) WILL BE ADDED TO ALL PAST DUE AMOUNTS

The undersigned certifies that he or she is a duly authorized representative of the Borrower with full legal authority to bind the same by execution of this application, the above information to be true and correct, that it is submitted for the purpose of obtaining or continuing credit, and agrees to the Terms and Conditions of Sale. The undersigned further authorizes Seller to request and receive credit reports from credit bureaus and other credit service organizations regarding the undersigned's personal credit for the purpose of investigating the Purchaser's business and its eligibility for commercial credit. The undersigned consents to an investigation into the credit worthiness of the purchaser.

AUTHORIZED SIGNATURE: _____ **TITLE:** _____
PRINTED NAME: _____ **DATE:** _____

PERSONAL GUARANTY

As an inducement to **THREADLINE PRODUCTS, INC.** to extend credit and to otherwise deal with _____ (hereafter called Borrower), and in consideration thereof, the undersigned hereby absolutely and unconditionally guarantees to **THREADLINE PRODUCTS, INC.** and its successors and assigns, the due and principal payment of any and all debts, obligations, primary or secondary (whether by way of endorsement or otherwise), of Borrower, at any time, now and hereafter, incurred with or help by **THREADLINE PRODUCTS, INC.**, together with interest, as and when the same become due and payable, whether by acceleration or otherwise, in accordance with the terms of any such debts, obligations or agreements evidencing any such indebtedness or liability including all renewals, extensions and modification thereof.

This obligation and liability on the part of the undersigned shall be a primary and not a secondary obligation and liability, payable immediately upon demand without recourse and first having been had by **THREADLINE PRODUCTS, INC.** against Borrower or any person, firm or corporations; and the undersigned hereby waives the benefits of all provisions of law for stay or delay of execution or sale of property or other satisfaction of judgement be obtained therefore against the Borrow and execution thereon returned unsatisfied, or until any other proceedings can be had.

In addition to the above guarantees, the undersigned unconditionally guarantees payment of all costs, expenses and reasonable attorney fees at any time paid or incurred in endeavoring to collect said indebtedness, liabilities and obligations, and in and about enforcing this instrument.

This agreement shall **endure** to the benefit to **THREADLINE PRODUCTS, INC.**, its successors, and assigns, and the owner and holders of any of the indebtedness, obligations and liabilities hereby guaranteed.

If the Borrower is a corporation, this instrument covers all indebtedness, obligations and liabilities to **THREADLINE PRODUCTS, INC.** purporting to be made or undertaking on behalf of such corporation by any officer or agent of said corporation, without regard to the actual authority of such officer or agent. The term corporation shall include associations of all kinds and all purported corporations, whether correctly and legally chartered and organized or not.

This obligation shall be construed in accordance with the laws of the State of North Carolina and shall bind the heirs, executors, legal representatives, successors and assigns of the undersigned and when signed by more than one shall be the joint and several obligations of each.

(SEAL)	(SEAL)
_____ GUARANTOR'S SIGNATURE	_____ GUARANTOR'S SIGNATURE (SPOUSE)
DATE	DATE
(SEAL)	(SEAL)
_____ GUARANTOR'S SIGNATURE	_____ WITNESS SIGNATURE (FOR THREADLINE PRODUCTS, INC.)
DATE	DATE

<< OFFICE USE >>

Approved Credit Limit: _____ Terms: _____
Authorization / Approval: _____
Signature *Date*
Accounting Set-Up: _____
Intials *Date*

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 <i>Specific Instructions</i> on page 3.	<p>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.) Threadline Products, Inc</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p>	
	<p>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.</p> <p><input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p>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.</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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>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"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions. PO Box 11650</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code Charlotte, NC 28220</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.

Social security number									
or									
Employer identification number									
5	6		1	4	2	8	3	8	0

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 06/25/2024
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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