



16910 W. 116th Street, Lenexa, KS 66219
913-307-7600 Fax: 913-307-7681
creditapps@oconnorhvac.com

CREDIT APPLICATION

Please complete all applicable sections of the form below,
then print, sign (all sections) and submit via e-mail or fax to O'Connor Company.

Business Legal Name: _____

Physical Address: _____ Billing Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

County: _____ Phone: (____) _____ Fax: (____) _____

Business Classification: ☐ Corporation ☐ S-Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietor

If Corporation (check one) ☐ Corporate Office ☐ Branch ☐ Franchise

Federal ID #: _____ Date Business Started: Mo/Yr: _____ State Incorporated: _____

Billing Information:

Accounts Payable Contact	Phone - Ext	E-mail Address
Do you require Purchase Orders?	No Yes	Estimated Monthly Requirements \$ _____

Will A/C Equipment or Refrigerant be purchased? ☐ No ☐ Yes If yes attach copy of Refrigerant Certificate

General Customer Base: ☐ Mostly Residential ☐ Mostly Commercial ☐ Residential and Commercial

Please provide your company's website address: _____

Officers or Owners

Title: _____

Name: _____

Address: _____

City, State, Zip: _____

Title: _____

Name: _____

Address: _____

City, State, Zip: _____

Bank Reference

Name: _____

Address: _____

Phone #: _____

☐ Checking ☐ Savings ☐ Loan

Contact: _____

Account #: _____

Fax #: _____

Trade References

Name: _____

Address: _____

City, State, Zip: _____

Name: _____

Address: _____

City, State, Zip: _____

Account #: _____

Phone: _____

Fax: _____

Account #: _____

Phone: _____

Fax: _____

Name: _____

Address: _____

City, State, Zip: _____

Account #: _____

Phone: _____

Fax: _____

Tax Information:
☐ Taxable ☐ Non-Taxable or Exempt (Required: Attach signed copy of Multi-Jurisdiction Uniform Sales/Use Tax Exemption Certificate found at the bottom of this form.)

SECTION A: Credit Terms and Agreement:

Terms of Credit: Term of payment is specified on each invoice. Past due amounts are subject to a finance charge of 2% per month or the maximum rate allowed by State Law shall be charged 45 days from date of invoice. If collection of this account becomes necessary, I/We agree to pay all costs of collection, including, but not limited to reasonable attorney’s fees and cost of suit incurred. Returned checks are subject to return check fees. When Credit is extended, it is contingent upon prompt payment, according to the agreed upon terms and will be restricted by a credit limit – to be determined by the Credit Department. Open credit may be withdrawn at any time. All credit arrangements are subject to periodic review. The venue of civil resolution of disputes over payment will be chosen by Munch's Supply O’Connor, LLC dba O'Connor Company.

Applicants' signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. The information on this application is for the purpose of attaining credit and is warranted to be true. I/We understand that approval for credit is based on a complete review of all information submitted and I/WE authorize and release approval for you to investigate all bank and trade references. The undersigned officer warrants that he or she is authorized to execute this application.

_____ Company Name		
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date

SECTION B: Information Release Authorization:

The undersigned hereby consent(s) to Munch's Supply O’Connor, LLC dba O'Connor Company use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) Munch's Supply O’Connor, LLC dba O'Connor Company to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as [an] individual(s) hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @1681 et seq..

_____ Signature	_____ Social Security #	_____ Date
_____ Signature	_____ Social Security #	_____ Date

SECTION C: Personal Guarantee:

I/we of _____ company agree to personally assume all liabilities, present and future contracted to herein including but not limited to: all open account sales, all written and verbal contracts secured and unsecured and any other sales transaction for the duration of our business relationship with Munch's Supply O’Connor, LLC dba O'Connor Company.

_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date

=====FOR OFFICE USE ONLY=====

Salesperson _____	Acct # _____
Credit Limit _____	Comments _____
Date _____	Approved by _____

Company Name

Would you prefer to receive your invoices via fax or email or mail?

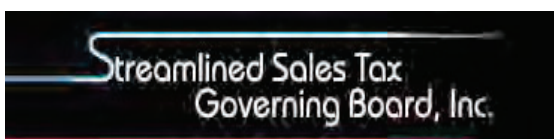
☐ Fax Number: _____

☐ Email Address: _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Please return this page with your Credit Application. Thank you.



Streamlined Sales Tax Certificate of Exemption

**Do not send this form to the Streamlined Sales Tax Governing Board.
Send the completed form to the seller and keep a copy for your records.**

This is a multi-state form for use in the states listed. Not all states allow all exemptions listed on this form. The purchaser is responsible for ensuring it is eligible for the exemption in the state it is claiming the tax exemption from. Check with the state for exemption information and requirements. The purchaser is liable for any tax and interest, and possible civil and criminal penalties imposed by the state, if the purchaser is not eligible to claim this exemption.

1. ☐ Check if this certificate is for a single purchase. Enter the related invoice/purchase order # _____.

Print or type	2. A. Purchaser's name Central Technology Center				
	B. Business address 3 Court Circle		City Drumright	State OK	Country USA
	Zip code 74030				
	C. Name of seller from whom you are purchasing, leasing or renting O'Connor Company				
	D. Seller's address 16910 WEST 116TH STREET		City LENEXA	State KS	Country USA
				Zip code 66219	

3. **Purchaser's type of business.** Check the number that best describes your business.

- | | | |
|--|--|---|
| <input type="checkbox"/> 01 Accommodation and food services | <input type="checkbox"/> 08 Real estate | <input type="checkbox"/> 15 Professional services |
| <input type="checkbox"/> 02 Agriculture, forestry, fishing, hunting | <input type="checkbox"/> 09 Rental and leasing | <input checked="" type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 03 Construction | <input type="checkbox"/> 10 Retail trade | <input type="checkbox"/> 17 Nonprofit organization |
| <input type="checkbox"/> 04 Finance and insurance | <input type="checkbox"/> 11 Transportation and warehousing | <input type="checkbox"/> 18 Government |
| <input type="checkbox"/> 05 Information, publishing and communications | <input type="checkbox"/> 12 Utilities | <input type="checkbox"/> 19 Not a business |
| <input type="checkbox"/> 06 Manufacturing | <input type="checkbox"/> 13 Wholesale trade | <input type="checkbox"/> 20 Other (explain) _____ |
| <input type="checkbox"/> 07 Mining | <input type="checkbox"/> 14 Business services | |

4. **Reason for exemption.** Check the letter that identifies the reason for the exemption.

- | | |
|---|--|
| <input type="checkbox"/> A Federal government (Department) * _____ | <input type="checkbox"/> H Agricultural Production * |
| <input type="checkbox"/> B State or local government (Name) * _____ | <input type="checkbox"/> I Industrial production/manufacturing * |
| <input type="checkbox"/> C Tribal government (Name) * _____ | <input type="checkbox"/> J Direct pay permit * |
| <input type="checkbox"/> D Foreign diplomat # _____ | <input type="checkbox"/> K Direct Mail * |
| <input type="checkbox"/> E Charitable organization * | <input type="checkbox"/> L Other (Explain) _____ |
| <input type="checkbox"/> F Religious organization * | <input checked="" type="checkbox"/> M Educational Organization * |
| <input type="checkbox"/> G Resale * | |

* see Instructions on back (page 2)

5. **Identification (ID) number:** Enter the ID number as required in the instructions for each state in which you are claiming an exemption. If claiming multiple exemption reasons, enter the letters identifying each reason as listed in Section 4 for each state.

ID number	State/Country	Reason	ID number	State/Country	Reason
AR			NV		
GA			OH		
IA			OK	EXM-10000957-03	OK
IN			RI		PUBLIC SCHOOL DISTRICT
KS			SD		
KY			TN		
MI			UT		
MN			VT		
NC			WA		
ND			WI		
NE			WV		
NJ			WY		

6. **I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.**

Signature of authorized purchaser	Print name	Title	Date
Heather Brennan	Heather Brennan	Business Manager	1/17/25

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ 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. <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 FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

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 ►
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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.