

# blue sky scrubs, LLC

1906 W Koenig Lane Austin, TX 78756 512.420.9018 www.blueskyscrubs.com

<b>Business Information</b>
-----------------------------

### **Business Contact Information**

Company Name		Fed ID	#	Years in Bus	siness
Billing Address					PO Required?
City	_	State	ZIP Code	Country	
Accounting Contact	Phone N	lumber	Alternate Number	Email Addres	SS
Shipping Address (if diffe	rent from above)				Apt/Suite No.
City		State	ZIP Code	Country	
Owners or Princi	pals				
	pals	☐ Dr.	Suffix Sr.	☐ Jr.	
Owners or Princi  Contact Information  Mr. Mrs.		□ Dr.		☐ Jr.	
Owners or Princi Contact Information	☐ Ms.	Middle	Name		
Owners or Princi Contact Information  Mr. Mrs.  First Name	☐ Ms.	Middle	Name		Apt/Suite No.
Owners or Princi Contact Information  Mr. Mrs.  First Name Use the same conta	☐ Ms.	Middle	Name		Apt/Suite No.
Owners or Princi Contact Information  Mr. Mrs.  First Name Use the same conta	☐ Ms.	Middle sted for the pr	Name rimary applicant.	Last Name	
Owners or Princi Contact Information  Mr. Mrs.  First Name Use the same conta  Address City	☐ Ms.	Middle sted for the pr	Name rimary applicant.  ZIP Code	Last Name  Country	



# blue sky scrubs, LLC

1906 W Koenig Lane Austin, TX 78756 512.420.9018 www.blueskyscrubs.com

## **Trade References**

Company Name	Contac	IName	Type of Busines	Type of Business					
Address				Age of Account:					
City	State	ZIP Code	Country						
Work Phone	Fax Number	Email Address							
Company Name	Contac	Name	Type of Busines	SS					
Address				Age of Account:					
City	State	ZIP Code	Country						
Work Phone	Fax Number	Email Address							
Company Name	Contac	Name	Type of Busines	SS					
Address				Age of Account:					
	State	ZIP Code	Country						
City	State	211 0000	•						
City Work Phone	Fax Number	Email Address	·						
Work Phone  Business and Co	Fax Number redit Information	_	Type of Busines	ss					
Work Phone  Business and Co	Fax Number redit Information	Email Address		Age of Account:					
Work Phone  Business and Co	Fax Number redit Information	Email Address							
Work Phone  Business and Co	Fax Number  redit Information  Branch	Email Address  Contact	Type of Busines						
Business and Co	Fax Number  redit Information  Branch  State  Fax Number	Email Address  Contact  ZIP Code	Type of Busines	Age of Account:					
Business and Co	Fax Number  redit Information  Branch  State  Fax Number	Email Address  Contact  ZIP Code  Account #	Type of Busines  Country	Age of Account:					
Work Phone  Business and Ci Bank Name  Bank Address  City  Phone Number  Bank Name	Fax Number  redit Information  Branch  State  Fax Number	Email Address  Contact  ZIP Code  Account #	Type of Busines  Country	Age of Account:					



# blue sky scrubs, LLC

1906 W Koenig Lane Austin, TX 78756 512.420.9018 www.blueskyscrubs.com

## **Account Agreement**

#### **Terms and Conditions**

- 1) Terms are Net 30.
- 2) Any account not paid in after 45 days is deemed past due and subject to a 1 1/2% finance charge (\$1.00 minimum) per month.
- 3) Finance charges are calculated on the entire past due balance, which may contain prior finance charges.
- 4) If at any time your account balance becomes delinquent, you will be subject to collection procedures.
- 5) Any court costs, attorney fees, or charges associated with collecting on a delinquent account are the responsibility of the above applicant.
- 6) We will add a \$25.00 or 5% (up to \$250) fee to your balance when a check is not honored or returned to us non-sufficient funds.
- 7) Your status may be placed on hold if your balance becomes past due or over your credit limit. In this situation, you must make a payment to continue charging.
- 8) It is your responsibility to keep our files updated with your most current billing address and telephone number.
- 10) Payments are accepted over the phone (Visa, Mastercard, AmEx) or through the mail (Visa, Mastercard, AmEx, Check, Money Order.) Please mail payments to blue sky scrubs 1906 W Koenig Lane Austin, TX 78756
- 11) If your payment does not specify which invoices to pay, we will apply it to the oldest items first, even if those items are finance charges.
- 12) We reserve the right to revoke your charging privileges at any time.
- 13) We can delay in enforcing or fail to enforce any of our rights under this agreement without losing them.
- 14) By signing below and utilizing your credit account, you acknowledge and accept these terms as part of your credit agreement.

#### Allowed to Charge

Names Allowed to Purchase Items?

<b>∽</b> .				4_	_
Gι	เล	ra	n	ſΘ	e

I have read, understand, and accept the terms stated within this credit agreement, have provided true information to the best of my knowledge,
and have retained a copy of this agreement for my records.

Guarantor's Signature	Title	Date
-----------------------	-------	------

<sup>\*</sup>This application will not be processed without a signature, FEIN or Social Security Number, name of applicant, and title

Form (Rev. December 2011)
Department of the Treasury

Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	blue sky scrubs LLC											
e 2.	Business name/disregarded entity name, if different from above											
Print or type See Specific Instructions on page	Check appropriate box for federal tax classification:  Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate											
Print or type: Instructions	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ►								Exempt payee			
Print Ins	☐ Other (see instructions) ▶											
ΞĔ	Address (number, street, and apt. or suite no.)	quester's	nam	e and	add	iress	(opt	ionai	)			
ğ	1906 W Koenig Lane											
Ø.	City, state, and ZIP code											
ഗ്	Austin, TX 78756											
	List account number(s) here (optional)											
Pai	Taxpayer Identification Number (TIN)				-				-			
	your TIN in the appropriate box. The TIN provided must match the name given on the "Name" lin	e So	cial s	ecuri	ty n	umb	er					
	oid backup withholding. For individuals, this is your social security number (SSN). However, for a				ſ							
	ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>				-			-				
	n page 3.				٠							
<b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose			Employer identification number									
	per to enter.											
		2	0	-	2	9	4	1	4	3	4	
Par	t II Certification	<u> </u>		l,l.								
	r penalties of perjury, I certify that:						-					
1. Th	ne number shown on this form is my correct taxpayer identification number (or I am waiting for a r	number t	o be	issu	ed t	o m	e), a	ınd				
Se	am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I I ervice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or or longer subject to backup withholding, and	nave not dividends	bee s, or	n not (c) th	ified e IF	d by RS h	the as r	Inte notifi	rnal ed n	Rev ne th	enu nat l	e am
3. la	m a U.S. citizen or other U.S. person (defined below).											
	fication instructions. You must cross out item 2 above if you have been notified by the IRS that use you have failed to report all interest and dividends on your tax return. For real estate transact											ng

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

#### **General Instructions**

Signature of

U.S. person

instructions on page 4.

Sign

Here

Section references are to the Internal Revenue Code unless otherwise noted.

#### **Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.