



CORPORATE HEADQUARTERS

111 Rhode Island Road
Lakeville MA 02347

DISTRIBUTION
102 Charles A. Eldridge Road
Lakeville, MA 02347

DISTRIBUTION
131 Enterprise Drive
Gardiner ME 04345

MANUFACTURING
694 Millbury Street
Worcester MA 01607

Voice 800.564.5142 Fax 800.649.0720

Credit Application

Sales Representative _____ Sales Code _____ Acct# _____

Company Name _____ DBA _____ Date Est. _____

Billing Address _____ City _____ County _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ State Incorporated _____

Do you want invoices and statements emailed? _____
Email Address _____

Check one _____ Corporation _____ Partnership _____ Proprietor _____ Resale Tax# Yes _____ No _____
If yes, please attach certificate.

References

Bank Name _____ **Contact** _____ **Title** _____

Address _____ Account # _____

Phone # _____ Fax # _____

Trade Reference _____ **Contact** _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____

Trade Reference _____ **Contact** _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____

The application information given above is correct to the best of my knowledge. I authorize Dennison Lubricants Inc. to conduct a credit inquiry. If this application is approved, I/the Corporation, agree to pay in accordance with the terms and conditions of Dennison Lubricants Inc, which are as contained in their invoices as may be changed from time to time. Signed original document must be mailed to the Lakeville Office for processing of new account information.

Debtor,

By it's Officer



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GENERAL GUARANTY

GUARANTY given by _____ (Applicant Representative-“Guarantor”) to
Dennison Lubricants Inc. a Massachusetts (“Company”) in order to induce Company to extend credit to, or
otherwise become the creditor of , _____ (Applicant Company Name - Debtor”).

Signature

Guarantor hereby guarantees to Company the prompt payment, when due, of every claim of Company which may hereafter arise in favor of Company against Debtor. This is a continuing guaranty and shall remain in force until revoked by Guarantor by notice in writing to Company, but such revocation shall be effective only to claims of Company which arise out of transactions entered into after it’s receipt of such notice. This obligation shall cover the renewal of any claims guaranteed by this guaranty or extensions of time of payment thereof, and shall not be affected by any surrender or release by Company of any other security held by it for any claim here by guaranteed.

I / the Corporation, acknowledge that this application and Guaranty constitutes a Massachusetts’ contract the enforcement of which shall be according to Massachusetts’ law. Venue for any actions thereon shall be in the Commonwealth of Massachusetts unless Creditor Corporation chooses otherwise.

In the event of Debtor’s failure to make payments on any claim to Company, when due, Guarantor agrees, without the Company first having to proceed against Debtor, to pay on demand all sums due to Company from Debtor and all losses, costs, attorneys’ fees, or expenses which the Company may suffer by reason of Debtor’s default.

INTENDING TO BE LEGALLY BOUND, Guarantor has signed on _____, 20____

Witness

Guarantor

Title

Title

This application and general guaranty shall constitute a Massachusetts contract enforceable under the laws of the Commonwealth of Massachusetts. Any actions deriving herefrom shall, at creditor’s election be brought in the Commonwealth of Massachusetts.



SERVING NEW ENGLAND WITH QUALITY LUBRICANTS SINCE 1868



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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<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.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	(Applies to accounts maintained outside the U.S.)
	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:

- 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 ▶
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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.



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CREDIT CARD AUTHORIZATION FORM

Customer Number

INFORMATION AS IT APPEARS ON THE CREDIT CARD AND BILLING ADDRESS

Name _____

Company Name _____

Street _____

—

City _____ State _____

Zip _____

Check one

CC Type Visa _____ MC _____ AMEX _____ Discover _____

Account Number

Exp. Date _____

Email Address for CC Receipt



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