

ADDITION FOR COMMEDIAL CREDIT									
APPLICATION FOR COMMERCIAL CREDIT BUSINESS CONTACT INFORMATION									
Legal Name									
Doing Business As				Telephone No.		Fax No.			
Billing Address				Shipping Address					
Type of Business			Name of Principal Officer		Title of Principal Officer				
Corporate Information	□ Corporation	☐ Proprietorship	□ Partnership □	LLC Other	State of Incorporation				
Years in Business			Years in Business Under Pi	esent Ownership					
A/P Contact			Telephone No.		Fax No.				
Please describe the nature of your business and how Field Controls products will be utilized									
BANK REFERENCE									
Bank Name									
Address				City		State			
Account Officer				Telephone		Fax No.			
Type of Account	□ Savings	□ Checking	□ Other	Account No.					
TRADE REFERENCES									
Company		City, State		Telephone No.		Fax No.			
Company		City, State		Telephone No.		Fax No.			
Company		City, State		Telephone No.		Fax No.			
Company		City, State		Telephone No.		Fax No.			
AGREEMENT									

Person signing this application on behalf of Applicant, personally represents and warrants that he/she has full authority to do so.

Signature Date
Printed Name Title

OFFICE USE ONLY

Customer Service Approval Customer Class Multiplier

Regional Manager Approval Assigned Sales Representative

Accounting Approval Credit Terms



TERMS AND CONDITIONS

The undersigned ("Applicant") agree(s) that the following terms and conditions shall apply to all credit extended to Applicant by Field Controls, LLC ("Field").

- 1. <u>Accuracy of Statement:</u> All invoices, delivery tickets, or statements for goods or services sold to Applicant shall be deemed to be accurate unless Field is notified in writing of any alleged discrepancies within ten (10) days following its delivery to Applicant or its representative. Any such notice should be addressed and delivered to Field Controls, LLC 2630 Airport Rd, Kinston, NC 28504.
- 2. <u>Responsibility for Charges to Account:</u> Shall Field not be required to verify the authority of any person who it, in good faith, believes to be authorized to act on Applicant's behalf in incurring charges to Applicant's account and Applicant agrees to be responsible for the payment of all charges made to its account.
- 3. Payment Terms: All sums owed to Field shall be <u>NET 30 days</u>, unless otherwise agreed upon, from the invoice date. A service charge in the amount of one-half percent (1.5%) per month, or maximum rate permitted by law, whichever is less, shall be assessed on any balance remaining unpaid more than thirty (30) days after the invoice date. All payments shall be made to FIELD CONTROLS at 25600 Network Place Chicago, IL 60673-1256, unless Field hereafter notifies Applicant in writing to send payment to a different address.
- **4.** <u>Rights Retained by Field:</u> Field reserves the right to revoke or terminate any credit account or arrangement offered to Applicant and to alter or amend the terms or conditions on which any such credit may be extended. Field may establish credit limits with respect to any credit account and may change any such credit limit at any time without prior notice.
- 5. <u>Collection Costs:</u> If Field refers Applicant's account for collection or otherwise undertakes efforts to collect its account, Applicant agrees to pay all attorneys' fees, court costs, and other expenses reasonably incurred in connection with such collection efforts.
- 6. <u>Delay in Enforcement/Waivers:</u> Field may delay or waive enforcement of any of the provisions of this agreement, including Applicant's agreement to make timely payments, without losing its right to enforce the same provision later or to enforce any other provision of this agreement. Applicant waives the right to receive notice of any waiver or delay or presentment, demand, protest, or dishonor and waives any applicable statute of limitations and all statutory exemption to the full extent permitted by law.
- 7. Change of Name or Address: Applicant agrees to notify Field immediately in writing of any changes in its name, address or status of its business.
- 8. Applicable Law: The terms and enforcement of this agreement shall be governed by the law of the State of North Carolina and Applicant agrees to submit to the personal jurisdiction of the state and federal courts in North Carolina with respect to any legal actions or proceedings relating to any credit extended to it by Field. This agreement and all agreements made or entered into with respect to any credit offered or extended to Applicant by Field shall be deemed made and entered into at Field's office in Kinston, NC.
- 9. Additional Rules and Regulations: Field may from time to time issue additional rules or regulations which may be applicable to all, or to any one or more specific types of credit accounts establishes by Applicant, which rules and regulations may add to, modify or otherwise vary the terms and conditions set forth herein and which, upon issuance by Field and delivery of a copy thereof to Applicant, shall be deemed incorporated into these terms and conditions for the purposes of such credit accounts.
- 10. Applicant Warranty: Applicant represents and warrants that all information set forth herein and all other information provided by Applicant in connection with this Credit Application is true and correct. Applicant understands the Field will rely upon such information in making its determination of whether to extend credit to Applicant. Applicant understands the Field will retain the Application, whether it is approved. Field is authorized to check Applicant's credit, bank reference, and credit history and to answer questions posed to it by others about Applicant's credit experience with Field.



Please note that our remit-to address is as follows:

Field Controls LLC 25600 Network Place Chicago, IL 60673-1256

Attn: Accounts Payable
Re: Invoicing via Email / ACH Instructions
We have a program that allows us to distribute our invoices via wmail. Please provide us with the following information:
Accounts Payable Contact Name:
Email Address for Invoices:
Phone Number:
Fax Number:
Our preferred method to receive payment is by ACH. Our ACH instructions are below:
Bank Name: JP Morgan Chase, New York, NY 10004
Routing: 071000013
Account: 870510690

We appreciate your assistance in this matter.

Debony Jones Accounting Clerk Field Controls fcar@fieldcontrols.com Phone: 252-208-7347

(Rev. October 2018) 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.

IIICOIIIC	The terminal delivery of the terminal delivery											
	1 Name (as shown on your income tax return). Name is required on this line; do Coppercom Inc.	not leave this line blank.										
	2 Business name/disregarded entity name, if different from above											
	Field Controls LLC											
page 3.	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):					
e. Ins on	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	∐ Trus	st/es	tate	Exempt payee code (if any)							
윩읞	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶											
Print or type. Specific Instructions on page	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)					
eci	☐ Other (see instructions) ▶						(Applies to accounts maintained outside the U.S.)					
ဇ္ဓ	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and apt.						and address (optional)					
See	2630 Airport Rd.	100										
	6 City, state, and ZIP code											
		Kinston, NC 28504										
	7 List account number(s) here (optional)											
Par	Taxpayer Identification Number (TIN)											
				Soc	ial se	security number						
	up withholding. For individuals, this is generally your social security num		for a			Π_		٦.	\Box			
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 <i>How to get a</i>					¯	Ш						
T/N, later.										_		
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and			and L	Em	Employer identification number						_	
Number To Give the Requester for guidelines on whose number to enter.				7	- o	4 5	7	4	9	1		
Par	t II Certification					Щ.			ш	ш		
	r 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												
	m a U.S. citizen or other U.S. person (defined below); and											
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exemp	ot from FATCA reportin	ng is corre	ect.								
you ha	fication instructions. You must cross out item 2 above if you have been not ave failed to report all interest and dividends on your tax return. For real estistion or abandonment of secured property, cancellation of debt, contribution than interest and dividends, you are not required to sign the certification, be	tate transactions, item 2 ons to an individual retir	does not rement an	t app	ply. Fo	or mor	tgage in , and ge	nteres enera	st pai	d, aym	ents	
Sign			Date ►		10/		19					
Ge	neral Instructions	• Form 1099-DIV (di funds)	ividends,	incl	uding	those	from s	tock	s or I	mutu	ual	
Section noted	on references are to the Internal Revenue Code unless otherwise i.	 Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) 										
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.		 Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) 										
		Form 1099-S (proceeds from real estate transactions)										
	pose of Form	• Form 1099-K (merchant card and third party network transactions)										
inform	dividual or entity (Form W-9 requester) who is required to file an nation return with the IRS must obtain your correct taxpayer	 Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) 										
	ification number (TIN) which may be your social security number), individual taxpayer identification number (ITIN), adoption	• Form 1099-C (canceled debt)										
taxpa	yer identification number (ATIN), or employer identification number	Form 1099-A (acquisition or abandonment of secured property)										
amou	to report on an information return the amount paid to you, or other int reportable on an information return. Examples of information include, but are not limited to, the following.	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										
	m 1099-INT (interest earned or paid)	be subject to backup										

• Form 1099-INT (interest earned or paid)