

JWP Solutions – Customer Set-up Information

Corporate Office & Billing:

DMTG Industries, LLC

DBA JWP Solutions

2208 Hanfred Lane Ste. 101-195

Tucker, GA 30084

Toll Free: (855) 255-8440

Ph: (470) 531-3307

Email / order desk: orders@thejwpsolutions.com, sales@thejwpsolutions.com

Hours: office (M-F 8:00am-5:00pm) | Shipping/Receiving (M-F 7:00am-3:30pm)

Sales and Account Manager – Thomas Hankins – THankins@Thejwpsolutions.com– (470) 485-5668

BUSINESS SINCE	2010
TAX ID NUMBER	308897768
NAICS CODE	339999
SIC CODE	3999
DUNS#	11-904-7735
PAYMENT TERMS	NET 30



Corporate Office 2208 Hanfred Lane Ste. 101-195 Tucker, GA 30084 Toll Free: (855) 255-8440 Ph: (470) 531-3307 Website:www.thejwpsolutions.com

Thank you for choosing JWP Solutions, the transport packaging management system you require to run your company efficiently. We stock thousands of industrial products, including pallets, corrugated Gaylord boxes, and Industrial Tote containers, and we can customize products specifically to fulfill your needs. We strive to serve not only Metro Atlanta but the whole Southeast Region from our location in the Dekalb Business area. Thank you for allowing us the opportunity to provide a quote. We guarantee our service, and we will work with you to come up with any custom solution.

New customer setup

Please send the following information:

- W9 Tax exemption or ST-5 form or Tax sales permit
- Billing contact name, address, phone, email
- Receiving contact name, address, phone, email
- Receiving hours

Terms

• Net 30

Lead time

- Please allow at least 10 days lead time for large volume pallet(s) production
- Orders received after 12pm will require an extra day.

Pallet recycling program

• Live load: JWP Solutions can pick up your scrap pallets at the time of delivery, with advanced notice. Please sort the pallets by size and stack them 20 high.

Important email addresses

Please note the following email addresses at JWP Solutions:

- via email orders@thejwpsolutions.com for new and existing orders
- via email Thankins@thejwpsolutios.com -- for accounting department



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ZIP Code:

VENDOR APPLICATION FORM

Complete all applicable information fields in ink and forward this form by mail or deliver it personal to the above-mentioned address.

GENERAL INFORMATION

Employer Identification Number (EIN):

Type of Organization: () Corporation	() Individual/Sc	le Proprietor	() Joint Venture	() LLC
() Partnership/Limited Partnership ()	Non Profit	() Others (s	pecify)	

Please tick the applicable item that describes the type of organization for your firm. In the event that the organization is incorporated, submit a copy of the company Certificate of Incorporation and IRS letter 147C, or any other preprinted IRS form issued by the IRS identifying your business name and Federal Employer Identification Number (FEIN), as verification of the company name and FEIN. If using a Social Security Number (SSN), a copy of the Social Security card shall be submitted. In the event that the organization is a corporation that trades in stock ownership in a public stock exchange market, check "Publicly Traded Corporation" and name the stock exchange market of registration and symbol.

State:

E-mail:

Business Ph#: ()

Company Name (as shown on Federal Tax return):

Fax:

Alternate name, if applicable (doing business as):

Mailing address:

City:	
Phone:	

Website:

Contact person:

PAYMENT INFORMATION

PAYMENT OPTION #1		
DEBIT_CREDIT PAYMENT PROCESSING		
Payment address (<u>if different from address above</u>):		
City:	State:	ZIP Code:

Certified Cashier's Check: () Yes or () Purchasing Card Options: () VISA CARD () MASTER CARD

BUSINESS AND CREDIT INFORMATION				
Bank Name:				
Bank Address:		Phone:		
City:		State:		ZIP Code:
Type of Account:	Savings Ch	ecking 🗆	Account Number:	-
Bank Name:				
Bank Address:		Phone:		
City:		State:		ZIP Code:
Type of Account:	Savings Ch	ecking 🗌	Account Number:	

PAYMENT OPTION #2			
Wiring Payment Method and Instructions: () Yes or () No: (if yes)			
V	Vire Transfer Instruction		
Please include the following information on all w	vire transfer to our bank account:		
Remit to Bank Name:			
Recipient address:			
ABA Number / Swift Number:	Account Number:		
For Credit To:	For Further Credit to:		
Account Number:	Reference (Ex. Invoice Number)		
Account and Currency:			
ADDITIONAL INFORMATION			
Years Firm Has Been in Business	Less than one year $1-5$ years $6-10$ years $10+$ years		
Type of Business: (Indicate by checkmark	and identify type of commodity and/or service)		
 Manufacturer or Producer Dealer or Distributor Maintenance or Repair 			
Rental or Lease			
Construction ContractorProfessional Services			
Others			

FOR ACCOUNTING USE ONLY:		
New Vendor (A completed and signed	d W-9 form from the vendor (Required))	
Vendor Type: V – Standard I – Payroll _	C - Consultant/Channel Partners	
Vendor Change (Provide changes below,	where applicable)	
Tax Sales Certificate Number: Date r	eceived by Accounting:	
AGREEMENT		
I agree that all invoices are to be paid 30 days fror credit terms and limits are determined based on credit i payment terms.		
I hereby certify that the information contained herein has been furnished with the understanding that it is to of the credit to be extended. Furthermore, I author application to release necessary information to the in order to verify the information contained herein	to be used to determine the amount and conditions brize the institutions listed in this credit the company for which credit is being applied for	
The undersigned certifies that the information provide of obtaining credit, and agrees to all of the following to DBA JWP Solutions.		
PAYMENT TERMS: Any approved net/credit purchases ship date, will in-cure 1% of interest daily. Accounts o sent to collections. Any account over 30 days past due account will be mailed.	ver 30 days old, will be initially phoned, emailed, and	
Should it become necessary to place this account for c on this application agrees to authorize mandatory auto purchase amount and interest incurred, pay all costs a including a reasonable attorney's fee and, if necessary	omated electric payment charge to collect total and expenses of collection, suit, or other legal action,	
The business on the application hereby waives any and all privileges and rights which they may have under State statutes, relating to venue, as it now exists or may hereafter be amended and further agrees that any legal action brought for collection of past due accounts may be brought in the appropriate court in Dekalb County, Tucker, GA.		
No returns will be accepted without a return authorization number. The customer warrants that any extension of credit or business dealing is based strictly upon presentations, as set forth herein, in the Credit Application, and the reliance upon the same by the company to extend such credit.		
I acknowledge/agree that payment for all invoices is due within 72 hours of the invoice's date, that no production or delivery obligations will start until the invoice is paid in full, and that the extension of credit terms and limits will be decided based on the credit information available, my strict observance of payment terms, and a 3rd party factoring company's new client credit review and approval.		
Authorized Signature	Title	
Printed Name	Date	

AFFIRMATIONS AND SIGNATURES

The undersigned hereby certifies that the foregoing statements are true and correct and include all of the material necessary to identify and explain the operation of the business described herein. The undersigned agrees to provide ATLANTA GA DEKALB County with current, complete and accurate information for each project contracted and for all proposed changes in any contractual agreement. Misrepresentations shall be grounds for terminating any contract.

Signed this (date):	_ day of: 20
Signed by:	_ Name of Firm
Print Name:	_ Title:



CREDIT APPLICATION

Corporate Office 2208 Hanfred Lane Ste. 101-195 Tucker, GA 30084 Toll Free: (855) 255-8440 Ph: (470) 531-3307 Website:<u>www.thejwpsolutions.com</u>

BUSINESS CONTACT INFORMATION			
Company Name:			
Phone:	Fax:	E-mail	:
Company Address:			
City:	State:		ZIP Code:
Date Business Commenced:			
Proprietorship	Partne	ership 🗆	Corporation
If Division/Subsidiary, Name	of Parent Company:		
Date Business Commenced:			
	BUSINESS AN	D CREDIT INFORMA	TION
Bank Name:			
Bank Address:		Phone:	
City:		State:	ZIP Code:
Type of Account: Savings	Checking	Account I	Number:
Bank Name:			
Bank Address:		Phone:	
City:		State:	ZIP Code:
Type of Account: Savings	Checking	Account I	Number:
	BUSINESS,	/TRADE REFERENCE	ES
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Date Account Opened:		Current Credit Lir	nit:
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Date Account Opened:		Current Credit Lir	nit:
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Date Account Opened: Current Credit Limit:			
AGREEMENT			
-			extension of credit terms and limits are determined
based on credit information available and my strict adherence to payment terms. I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the			
amount and conditions of the credit to be extended. Furthermore, I authorize the institutions listed in this credit application to release			
necessary information to the company for which credit is being applied for in order to verify the information contained herein.			
Authorized Signature		Title	
Print Name		Date	

Departı	W-9 October 2018) ment of the Treasury Revenue Service	Request for Taxpayer Identification Number and Certific Go to www.irs.gov/FormW9 for instructions and the lates			Give Form to the requester. Do not send to the IRS.
		on your income tax return). Name is required on this line; do not leave this line blank. isregarded 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): Individual/sole proprietor or single-member LLC 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 is classified as a single-member LLC that is disregarded from the owner of the LLC is is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is of disregarded from the owner of the tax classification of its owner. Other (see instructions) / S Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional) Address (potional) 					
Par	tl Taxpay	er Identification Number (TIN)			
backu reside	ip withholding. For ent alien, sole prop	propriate box. The TIN provided must match the name given on line 1 to avo individuals, this is generally your social security number (SSN). However, fo ietor, or disregarded entity, see the instructions for Part I, later. For other er identification number (EIN). If you do not have a number, see <i>How to get</i>	ra	urity numb	-

 TIN, later.
 or

 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.
 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	Signature of
Here	U.S. person ►

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)

Date >

- 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.