



OSCAR WILSON

ENGINES AND PARTS

1-800-USE OSCAR or Fax 1-800-873-6720

OSCARWILSON.NET

Company Name Phone Fax

Mailing Address City State Zip

Shipping Address (if different) City State Zip

Company Website

Owner/Officer Name Title E-mail

Marketing E-mail
Sole Proprietorship Partnership Corporation

Accounts Payable E-mail
Shipping Confirmation
May we send you electronic confirmation for Shipping Invoices Statements

If a corporation, is it a division or subsidiary of another corporation? No Yes

Do you currently have an Oscar Wilson Engines & Parts, Inc. account? No Yes Account #

Parent Corporation Name

Would you like to pay by credit card or open account

Address

Maximum Line of credit Requested

City, State Zip

Are purchases from Oscar Wilson exempt from Sales Tax? No Yes
Please complete the Sales Tax Exemption

Chief Officer/Title

BANK

Bank Name Contact Name Phone Fax

Address City State Zip

Please provide two companies that you have an current account with.

TRADE

Company Name Contact E-mail

Phone Fax Website

Address City State Zip

Company Name Contact E-mail

Phone Fax Website

Address City State Zip



GUARANTEE

The undersigned, for himself, his heirs, and personal representatives, in consideration of OSCAR WILSON ENGINES & PARTS, INC. advancing on open account status/or otherwise giving credit to:

(Complete Company Name)

(Hereinafter called the borrower) hereby guarantee, and applies to any balance that is not completely satisfied by the payment at any time of any sum of money by the above debtor, and the word "indebtedness" is used to cover any and all liability incurred in any matter whatsoever, direct or contingent of the borrower to OSCAR WILSON ENGINES & PARTS, INC. Upon any default in payment of any indebtedness referred to above or any part thereof when due, OSCAR WILSON ENGINES & PARTS, INC. may proceed directly against the undersigned without prior demand or notice, or without first taking any steps against the Debtor or without first attempting to realize on any collateral that it may hold. This guarantee shall not be affected by failure of OSCAR WILSON ENGINES & PARTS, INC. taken relative to the indebtedness of the Debtor, OSCAR WILSON ENGINES & PARTS, INC. without voiding this agreement may make any compensations or settlements or substitutions with respect to the indebtedness or any collateral that may be security thereof all of which costs incurred by OSCAR WILSON ENGINES & PARTS, INC. in making collection against either the Debtor or the undersigned Guarantor specifically including but not limited to attorney fees. **In the event of a lawsuit, Court venue will be in St. Charles County, Missouri.** Notice of acceptance of this Guarantee by OSCAR WILSON ENGINES & PARTS, INC. is waived by the full amount of the indebtedness unpaid by the Debtor. This guarantee may be terminated by the undersigned after five (5) days, upon receipt of written notice by OSCAR WILSON ENGINES & PARTS, INC. from the undersigned to the effect, in which event it will not apply to any advances thereafter. Dated at OSCAR WILSON ENGINES & PARTS, INC. corporate offices in the State of Missouri.

I offer this guarantee of my own initiative in response to a request by OSCAR WILSON ENGINES & PARTS, INC. For a guarantee which did not specify that such guarantor be me.

Month Day Year

Mobile Phone

Owner/Officer (Printed Name)

Home Phone

Owner/Officer (Signature Required)

Home Address

Spouse (Signature Required)

City/State/Zip

PHONE: 1-800-873-6722 (1-800-USE-OSCAR)

LOCAL: (636) 978-1313

FAX: 1-800-873-6720

VISIT OUR FULLY INTERACTIVE WEBSITE: www.OscarWilson.net



Credit Release

Mail to:

Oscar Wilson Engines & Parts, Inc.
826 Lone Star Dr.
O Fallon, MO 63366
(636) 978-1313 / 800-873-6722
ATTN: Credit Dept.

Fax to:

Oscar Wilson Engines & Parts, Inc.
800-873-6720
ATTN: Credit Dept.

Authorization to Release Information

The undersigned hereby authorizes the Credit Department of Oscar Wilson Engines & Parts, Inc. of O'Fallon, MO to obtain Information pertaining to accounts of deposit, credit obligations and all other credit matters which they may require in connection with my (our) request for an open line of credit.

This form MAY BE REPRODUCED AND THAT COPY SHALL BE AS EFFECTIVE AS THE ORIGINAL AUTHORIZATION WHICH I(we) have signed.

For (Customer Name)

Signed

Title

Address

City/State/Zip

Phone

Fax

Date

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) ▶ _____	Exemption from FATCA reporting code (if any) _____
<input type="checkbox"/> Other (see instructions) ▶	<small>(Applies to accounts maintained outside the U.S.)</small>
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													
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OR													
Employer identification number													
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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 ▶

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

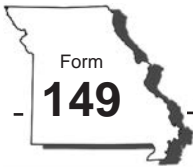
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (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.



Missouri Department of Revenue
Sales and Use Tax Exemption Certificate

Caution to seller: In order for the certificate to be accepted in good faith by the seller, the seller must exercise care that the property being sold is exempt. When a purchaser is claiming an exemption for purchases of items that qualify for the full manufacturing exemption and other items that only qualify for the partial manufacturing exemption, the seller must make certain the correct amount of tax is charged for each item purchased.

Purchaser	Name	Telephone Number (____) _____ - _____	Missouri Tax I.D. Number 		
	Contact Person	Doing Business As Name (DBA)			
	Address	City	State	ZIP Code	
	Describe product or services purchased exempt from tax				
	Type of business				

Seller	Name	Telephone Number (____) _____ - _____	Contact Person	
	Doing Business As Name (DBA)		Address	
	City	State	ZIP Code	

Resale - Exclusion From Sales or Use Tax	<input type="checkbox"/> Purchases of Tangible Personal Property for resale: <i>Retailer's State Tax ID Number</i> _____ <i>Home State</i> _____ (Missouri Retailers must have a Missouri Tax I.D. Number)
	<input type="checkbox"/> Purchases of Taxable Services for resale (see list of taxable services in instructions) <i>Retailer's Missouri Tax I.D. Number</i> _____ (Resale certificate cannot be taken by seller in good faith unless the purchaser is registered in Missouri)
	<input type="checkbox"/> Purchases by Manufacturer or Wholesaler for Wholesale: <i>Home State:</i> _____ (Missouri Tax I.D. Number may not be required)
	<input type="checkbox"/> Purchases by Motor Vehicle Dealer: <i>Missouri Dealer License Number</i> _____ (Only for parts that will be used on vehicles being resold) (An Exemption Certificate for Tire and Lead-Acid Battery Fee (Form 149T) is required for tire and battery fees)

Manufacturing Full Exemptions	These apply to state and local sales and use tax.	
	<input type="checkbox"/> Ingredient or Component Part	<input type="checkbox"/> Plant Expansion
	<input type="checkbox"/> Manufacturing Machinery, Equipment, and Parts	<input type="checkbox"/> Research and Development of Agricultural Biotechnology Products and Plant Genomics Products and Prescription Pharmaceuticals
	<input type="checkbox"/> Material Recovery Processing	

Manufacturing Partial Exemptions	These only apply to state tax (4.225%) and local use tax, but not sales tax. The seller must collect and report local sales taxes imposed by political subdivisions.	
	<input type="checkbox"/> Research and Development	<input type="checkbox"/> Manufacturing Chemicals and Materials
	<input type="checkbox"/> Machinery and Equipment Used or Consumed in Manufacturing	
	<input type="checkbox"/> Materials, Chemicals, Machinery, and Equipment Used or Consumed in Material Recovery Processing Plant	
<input type="checkbox"/> Utilities or Energy and Water Used or Consumed in Manufacturing (Must complete below)		
Purchaser's Manufacturing Percentage _____ %		
Purchaser's Square Footage _____		

Other	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Common Carrier	<input type="checkbox"/> Locomotive Fuel	<input type="checkbox"/> Air and Water Pollution Control, Machinery, Equipment, Appliances and Devices
	<input type="checkbox"/> Commercial Motor Vehicles or Trailers Greater than 54,000 Pounds (Attach Form 5435)		<input type="checkbox"/> Other _____	

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.		
	Signature (Purchaser or Purchaser's Agent)	Title	Date (MM/DD/YYYY) ____/____/____

If you have questions, please contact the Department of Revenue at:

Phone: (573) 751-2836

TTY: (800) 735-2966

E-mail: salestaxexemptions@dor.mo.gov

Fax: (573) 522-1271

Visit <http://www.dor.mo.gov/business/sales/sales-use-exemptions.php> for additional information.

Form 149 (Revised 08-2015)

