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Chanhassen, MN 55317

[waytekwire.com](http://waytekwire.com)

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**REMIT ADDRESS:**

PO Box 81  
Chaska, MN 55318

*We appreciate your interest in opening an account with Waytek, Inc. Please complete all fields and return this form.*

**COMPANY INFORMATION**

Complete Legal Name			
DBA (Doing Business As)			
Street Address and PO Box		City	State Zip
Phone	Fax	E-Mail Address	

**BUSINESS INFORMATION**

**BUSINESS STRUCTURE** (Check button)     Sole Proprietorship \*\*     Partnership \*\*     LLC \*\*     Corporation  
 Government

State of Formation	Year Business Established	NAICS / SIC Code or Type of Business	Federal ID #	Dun & Bradstreet #
Website Address			Do you own or rent your facility? <input type="checkbox"/> OWN <input type="checkbox"/> RENT	
<b>SALES TAX EXEMPTION</b> <input type="checkbox"/> NO <input type="checkbox"/> YES		If <b>YES</b> , please attach a copy of your Sales Tax Exempt Certificate for each state to which you require Waytek to ship. Page 1 of the Uniform Sales & Use Tax Exemption/Resale Certificate is attached to this application for your convenience. For the entire form with instructions, please click on the PDF icon.		



**KEY PERSONNEL**

Title	Contact Name	Phone	Fax	E-Mail Address
Principal / Officer				
Purchasing Manager				
Purchasing Agent				
A/P Manager				
A/P Contact				

\*\* If your business is a **Sole Proprietorship**, a **Partnership**, or **taxed as a Partnership**, please complete this section.

Name	Title

**BANK REFERENCE**

Name of Banking Institution			Account Number	
Street Address		City	State	Zip
Phone	Fax	Contact Name	Contact E-Mail Address	

**TRADE REFERENCES** (Waytek, Inc. requires at least **three** trade references. If you have more than three, please attach to this APPLICATION.)

Name of Reference #1			Account Number	
Street Address and/or PO Box		City	State	Zip
Phone	Fax	E-Mail Address		


Name of Reference #2			Account Number	
Street Address and/or PO Box		City	State	Zip
Phone	Fax	E-Mail Address		

Name of Reference #3			Account Number	
Street Address and/or PO Box		City	State	Zip
Phone	Fax	E-Mail Address		

**INVOICING**



**GREEN CHOICES.** Waytek, Inc. is going paperless in an effort to reduce our carbon footprint and save paper. Please help us conduct our business in ways that protect our planet by providing your e-mail address or fax number so we can send your invoices electronically. However, we will gladly mail your invoices if that is your preference.

Check Invoice Preference 	<input type="checkbox"/> <b>Email</b> (Provide email address here.)	<input type="checkbox"/> <b>Fax</b> (Provide fax #.)	<input type="checkbox"/> <b>Mail</b> (Provide mailing address here.)
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**CREDIT RELEASE AND PAYMENT AGREEMENT**

Applicant agrees to pay all Waytek, Inc. invoices promptly on agreed terms of **2% 10 DAYS, NET 30 DAYS**. All goods are sold F.O.B. shipping point. Waytek, Inc. reserves the right to cease extension of credit without notice or to change terms of payment pursuant to any disclosure by Applicant according to section 409 of the Sarbanes Oxley Act. Applicant expressly agrees that it shall be liable for and **APPLICANT AGREES TO** pay all costs and fees, and any other expenses, whether or not incurred in connection with litigation, associated with the enforcement of any of the terms of this Application and a default under this Application, including not limited to reasonable attorney fees, court costs, and costs of collection.

The above information is being provided in conjunction with a request for open credit terms from Waytek, Inc. I hereby certify under penalty of perjury that the information provided is true and correct to the best of my knowledge. If this Application is accepted by Waytek, Inc., the undersigned agrees to terms of **2% 10 DAYS, NET 30 DAYS**. The undersigned further agrees that all issues and disputes relating to any credit arrangement extended hereunder shall be governed in accordance with the laws of the State of Minnesota without regard to or application of conflicts of law rules or principles.

Applicant/Preparer  
**Printed Name** \_\_\_\_\_  
 \_\_\_\_\_  
**Title** \_\_\_\_\_

**Signature** \_\_\_\_\_  
 \_\_\_\_\_  
**Date** \_\_\_\_\_

Signature and date required to process Application.  
 Thank you.

# UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: \_\_\_\_\_

Address: \_\_\_\_\_

I certify that: \_\_\_\_\_

Name of Firm (Buyer): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

is engaged as a registered

Wholesaler

Retailer

Manufacturer

Seller (California)

Lessor (see notes on pages 2-4)

Other (Specify) \_\_\_\_\_

and is registered with the below-listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the Seller: \_\_\_\_\_

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL <sup>1</sup>	_____	MO <sup>16</sup>	_____
AR	_____	NE <sup>17</sup>	_____
AZ <sup>2</sup>	_____	NV	_____
CA <sup>3</sup>	_____	NJ	_____
CO <sup>4</sup>	_____	NM <sup>4,18</sup>	_____
CT <sup>5</sup>	_____	NC <sup>19</sup>	_____
DC <sup>6</sup>	_____	ND	_____
FL <sup>7</sup>	_____	OH <sup>20</sup>	_____
GA <sup>8</sup>	_____	OK <sup>21</sup>	_____
HI <sup>4,9</sup>	_____	PA <sup>22</sup>	_____
ID	_____	RI <sup>23</sup>	_____
IL <sup>4,10</sup>	_____	SC	_____
IA	_____	SD <sup>24</sup>	_____
KS	_____	TN	_____
KY <sup>11</sup>	_____	TX <sup>25</sup>	_____
ME <sup>12</sup>	_____	UT	_____
MD <sup>13</sup>	_____	VT	_____
MI <sup>14</sup>	_____	WA <sup>26</sup>	_____
MN <sup>15</sup>	_____	WI <sup>27</sup>	_____

I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: \_\_\_\_\_

(Owner, Partner, or Corporate Officer, or other authorized signer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_