



# Customer Setup Package

Lincoln Energy Solutions, LLC  
22 South Main Street  
Greenville, SC 29601  
[www.lincolnergysolutions.com](http://www.lincolnergysolutions.com)



22 South Main Street, Greenville, SC 29601

Email: [credit@lincolnenrgysolutions.com](mailto:credit@lincolnenrgysolutions.com)

Phone: (864) 242-3003 Fax: (864) 242-9445

## CUSTOMER SETUP PACKAGE

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Thank you for choosing to partner with Lincoln Energy Solutions. Our goal is to make the set up for a new customer a smooth and easy transition. In this packet, you will find useful information about Lincoln as well as information we will require from you. To efficiently set up new customers, please complete the requested forms and return to the following email address: [credit@lincolnenrgysolutions.com](mailto:credit@lincolnenrgysolutions.com)

### REQUESTED FORMS AND INFORMATION

- ☐ Credit Application
- ☐ Credit Agreement
- ☐ Financial Information
  - W-9
  - **2** years audited financial statements
  - Latest year-to-date financial statements
- ☐ Payment Authorization Form
- ☐ State Tax Licenses

**\*\*\* REQUESTED CREDIT LINE:** \_\_\_\_\_

OFFICE USE ONLY		
Date Customer Entered:	Employee Initial:	Vendor Code:



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(Please complete all necessary fields)

## CONTACT INFORMATION

### GENERAL BUSINESS CONTACT INFORMATION

Company Name:

DBA (if different than above)

Mailing Address:	City	State:	Zip
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Physical Address:	City	State:	Zip
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Phone:	Fax:	E-mail:
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Federal I.D.#:	DTN#:
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### DEPARTMENTAL CONTACT INFORMATION

Contact Name:

Email Address:	Phone:	Fax:
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	<u>Contact Name</u>	<u>Email</u>	<u>Receipt Preference</u>		
			Fax	Email	DTN
Draft Notice	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invoices	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pricing	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RINS	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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(Please complete all fields, items left blank will delay processing)

## CREDIT APPLICATION

### BUSINESS CONTACT INFORMATION

Company Name:			
DBA (if different than above)			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Date Business Commenced:		Federal I.D.#:	DTN#:
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			

### BILLING INFORMATION

Contact Name:		Phone:		Fax:	
Email Address:		Phone:		Fax:	
<u>Contact Name</u>		<u>Email</u>		<u>Receipt Preference</u>	
				Fax	Email DTN
Draft Notice	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pricing	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Credit	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
RINS	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

### SUPPLIER REFERENCES

Company Name:		Contact Name:	
Mailing Address:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company Name:		Contact Name:	
Mailing Address:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

### BANK REFERENCE

Bank Name:		Contact Name:	
Mailing Address:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

### AGREEMENT

I/We the undersigned certify that the information contained herein is true and correct and is supplied to **LINCOLN ENERGY SOLUTIONS ("LINCOLN ENERGY")** or the purpose of granting credit to the applicant. I/We authorize **LINCOLN ENERGY** to verify our credit background(s) and further authorize our credit references to release information directly to **LINCOLN ENERGY**. Applicant agrees to the following terms: a) Net amount due 5 days after invoice date, unless otherwise specified per sales contract, remittance detail is emailed for reconciliation purposes; b) Finance charges may be applied on any balance due after due date; c) Applicant agrees to pay all costs of collection including collection agency fees, costs and attorney's fees; d) Applicant will advise **LINCOLN ENERGY** of any change of address or ownership of the Applicant.

\_\_\_\_\_  
Printed Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

Please return this application to: [credit@lincolnergysolutions.com](mailto:credit@lincolnergysolutions.com)



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## CREDIT AGREEMENT

### AUTHORIZATION

The Applicant acknowledges and agrees to the need for verification of all information on this application. Applicant hereby authorizes all banks, businesses, and persons identified on this application to disclose and furnish (both in writing and verbally), all information requested by Lincoln Energy Solutions, LLC ("Lincoln Energy") by telephone, fax, or written correspondence and hereby releases, waives and disclaims all claims against Lincoln Energy and all such banks, businesses, and persons arising out of such disclosures. Buyer further authorizes Lincoln Energy to obtain a full and complete credit history.

### CREDIT APPLICATION TERMS AND CONDITIONS

In consideration of the offer to extend credit, and for other good and valuable consideration received, or to be received by the Applicant, by the signature of its authorized representative set forth below, hereby agrees to the terms and conditions set forth in this document. **DO NOT SIGN UNLESS YOU HAVE READ AND AGREED TO THE PROVISIONS OF THE CREDIT AGREEMENT SET FORTH BELOW.**

#### DEFAULT

It is understood and agreed that all invoices for purchases under this Credit Agreement shall be paid in full by 10 days after the invoice date, unless otherwise specified per sales contract. In the event Applicant is delinquent in payment, finance charges may be applied. If any collection efforts are implemented, or litigation is initiated to enforce the terms of this Agreement, Applicant hereby agrees to pay all costs of collection, including any attorney fees which may be incurred by Lincoln Energy in its collection efforts or in the enforcement of the terms and conditions set forth on this Agreement. Any returned checks, drafts, ACH payments and/or wire transfers will be charged back to the Applicant along with a \$35.00 handling fee.

#### PROHIBITION AGAINST DISCRIMINATION

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants based on sex or marital status, or any other discriminating basis. The federal agency that administers compliance with this law concerning Lincoln Energy is the Federal Trade Commission, 225 Peachtree Street, Suite 1500, NE, Atlanta, Georgia, 30303. Lincoln Energy has the right to deny credit to any applicant and retains the right to close any account initiated by this agreement whenever it deems necessary. In such instances, Lincoln Energy will give a statement of its reason for such action as required by federal law. Applicant acknowledges that such credit, if granted, shall not be used for consumer purchases, but rather for business, agricultural or commercial purposes, only.

### AUTHORIZATION AND SIGNATURE

The undersigned certifies that the information contained herein is true, complete and correct. This information is being furnished with the understanding that it is being used to determine the amount and conditions of credit to be extended to the Applicant. The undersigned certifies that he/she is authorized to sign the Application and Credit Agreement for and on behalf of such party.

\_\_\_\_\_  
Printed Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

*Questions regarding this application, please contact your sales manager or Debbie Northcutt, Credit Manager.  
Please return this agreement to [credit@lincolnergysolutions.com](mailto:credit@lincolnergysolutions.com).*

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> 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 <b>not</b> 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.  <input type="checkbox"/> Other (see instructions) ► _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> 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.

<b>Social security number</b>											
				-				-			
<b>or</b>											
<b>Employer identification number</b>											
					-						

## 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.

<b>Sign Here</b>	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](http://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.