

# Austin Asphalt An Austin Industries Company

100% Employee Owned

Austin Asphalt, L.P. 6330 Commerce Drive, Suite 150 Irving, Texas 75063 214/596-7300

## **CREDIT APPLICATION PACKET**

Α

С

### EXHIBIT DESCRIPTION

- **Credit Application**
- **Multiple Location Contact Sheet** В
- Required

**Optional** 

W-9

D **Blanket Tax Exemption Certificate** 

## Please complete and return to our Central Dispatch Department.

- phone 866.587.0001 or 214.596.7384
  - fax 214.596.7397
- email tpaske@austin-ind.com
- 6330 Commerce Dr, Ste 150, Irving, TX 75063 mail

100% Employee Owned



6330 Commerce Drive, Ste 150, Irving, TX 75063 Phone: 214.596.7300 Fax: 214.596.7397 www.austin-ind.com

NEW	CUSTOMER
<b>CREDIT A</b>	PPLICATION

Return to:

Terri Paske - Dispatch Manager Email: tpaske@austin-ind.com Central Dispatch: 866.587.0001

Section 1: Business Information

Legal Name of Business: MONTAGUE COUNTY TEXAS	5	Phone: 940.894.2556
DBA:		Fax:
Billing Address: P.O. BOX 416		D&B:
City: MONTAGUE State: TX	Zip: 76251	Federal Tax ID#: 756001078
Website: WWW.CO.MONTAGUE.TX.US		W-9 attached: Yes 🔀 No 🗌
Type of Business: GOVERNMENT ENTITY		Years in Business:
Purchase Order Requirement: Written	Verbal	Desired Credit Limit: \$
Corporation Subsidiary* Partnership	Gov't Agency	Individual/Sole Proprietor
*If Subsidiary, name of Parent Company		
A/P Contact: DEBBIE BOAZ		strative Assistant to Commissioners
Email: COMMISSIONERS@CO.MONTAGUE.T	X.USPhone: 940.894	4.2556
Email address for electronic invoices: COMMIS	SIONERS@CO.M	ONTAGUE.TX.US
Invoices will be e-mailed to this invoice, unless otherwise reque	ested.	
Purchasing Contact:	Title:	
Email:	Phone:	
Section 2: Full Name of Responsible Party		
Name:	Title:	
Email:	Phone:	
Section 3: Business Bank References (OPTIONAL)		
Bank Name:	Officer:	
Address:	Account #:	
Email:	Phone:	-
Section 4: Trade References - THREE (3) OPTIONAL, oth	er suppliers prefer	red.
Company:	Contact:	
Email:	Phone:	
Company:	Contact:	
Email:	Phone:	
Company:	Contact:	
Email:	Phone:	
Section 5: Purchase authorization, terms and condition		

Payment terms, NET 30. I acknowledge and agree, as an authorized authority of the Applicant, that the interest of 1.5% will be charged on balances remaining unpaid after 30 days from the date of invoice. In the event default and referral to an attorney or collection agency, I agree to pay all cost of collection, including reasonable attorneys fees. I understand the above information is given for the purpose of obtaining credit and I certify that, to the best of my knowledge, the above information is complete and accurate as of the date of this application. All information will be kept confidential. ACCOUNTS MAY BE CLOSED, WITHOUT NOTICE, OR UNPAID BALANCES.

Printed Name: DEBRA BOAZ

Title: Administrative Assistant to Commissioners

Signature:

Debra	Boar	
	$\overline{\mathcal{O}}$	

Date: 8/7/19

LOCATION 1	PHYISCAL	Address:	
	LOCATION		
	PURCHASER	Name:	Phone:
	BILLING	Address:	
	ACCOUNTS PAYABLE ON 2 PHYISCAL LOCATION	E-mail:	
		Name:	Phone:
LOCATION 2		Address:	
		·	
	PURCHASER	Name:	Phone:
	BULING	Address:	
	BILLING		
	ACCOUNTS	E-mail:	
	PAYABLE	Name:	Phone:
LOCATION 3	PHYISCAL	Address:	
LOCATION <b>3</b>	PHYISCAL LOCATION	Address:	
LOCATION 3		Address: Name:	Phone:
LOCATION 3	LOCATION		
LOCATION 3	LOCATION	Name:	
LOCATION 3	LOCATION	Name:	
LOCATION 3	LOCATION PURCHASER BILLING	Name: Address:	
	LOCATION PURCHASER BILLING ACCOUNTS PAYABLE	Name: Address: E-mail:	Phone:
LOCATION 3	LOCATION PURCHASER BILLING ACCOUNTS	Name: Address: E-mail: Name:	Phone:
	LOCATION PURCHASER BILLING ACCOUNTS PAYABLE PHYISCAL	Name: Address: E-mail: Name:	Phone:
	LOCATION PURCHASER BILLING ACCOUNTS PAYABLE PHYISCAL LOCATION PURCHASER	Name: Address: E-mail: Name: Address:	Phone:
	LOCATION PURCHASER BILLING ACCOUNTS PAYABLE PHYISCAL LOCATION	Name: Address: E-mail: Name: Address:	Phone:
	LOCATION PURCHASER BILLING ACCOUNTS PAYABLE PHYISCAL LOCATION PURCHASER	Name: Address: E-mail: Name: Address:	Phone:



#### Request for Taxpayer Identification Number and Certification

	MONTAGUE COUNTY TEXAS	
page 2.	Business name/disregarded entity name, if different from above	
5	Check appropriate box for federal tax classification:         Individual/sole proprietor       C Corporation       S Corporation       Partnership         Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)	
Print or type Specific Instructions	Other (see instructions) ► GOVERNMENT ENTITY  Address (number, street, and apt. or suite no.)	
	11339 STATE HWY 59 NORTH City, state, and ZIP code	Requester's name and address (optional) Austin Asphalt, LP
See	Montague, TX 76251	6330 Commerce Dr, Ste 150 Irving, TX 75063
	List account number(s) here (optional)	
Par		
to avo reside entitie	your TIN in the appropriate box. The TIN provided must match the name given on the "Nam bid backup withholding. For individuals, this is your social security number (SSN). However, ant alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For othe es, it is your employer identification number (EIN). If you do not have a number, see <i>How to</i> g in page 3.	for a line line line line line line line line
Note. numb	If the account is in more than one name, see the chart on page 4 for guidelines on whose er to enter.	Employer identification number           7         5         -         6         0         1         0         7         8
Par		
Under	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

3. I am a U.S. citizen or other U.S. person (defined below).

**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 on page 4.

Sign	Signature of	Debia	8.
Here	U.S. person ►	Deora	Doa

#### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

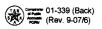
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income. Date ► 8/7/19

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



Phone (Area code and number)

#### **TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION**

#### Name of purchaser, firm or agency MONTAGUE COUNTY TEXAS

Address (Street & number, P.O. Box or Route number)

11339 STATE HWY 59 NORTH

City, State, ZIP code Montague, TX 76251

will be used in a	manner other than that express misdemeanor to a felony of the	ed in this certificate, a	nd depending on the	amount of tax evade	d, the offense may range
I understand tha	t it is a criminal offense to give a	n exemption certificat	e to the seller for taxa	ble items that I know	, at the time of purchase,
l understand that the provisions o	at I will be liable for payment of f the Tax Code and/or all appli	all state and local sai cable law.	es or use taxes whic	h may become due	for failure to comply with
Purchaser entity exen	claims exemption per §15 npted under §151.309 and	1.311 because pui /or an otherwise e	rchaser is contra exempt entity und	cted to improve r ler §151.310.	ealty for a public
	ns this exemption for the follow	-			
			. 1419		
	iems to be purchased or on the wing materials, concrete of				
Street address:	6330 COMMERCE DR, S	TE 150	City, State, ZIP	code: IRVING, TX	75063
	N ASPHALT, LP		<u></u> _		

THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.

Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.