



ResponseAbility™

CREDIT APPLICATION

DES MOINES
1400 SE 19TH ST. #525
GRIMES, IA 50111
515 416 4822

DAVENPORT
737 CHARLOTTE STREET
DAVENPORT, IA 52803
563 322 6204

CEDAR RAPIDS
260 33RD AVE. SUITE F
CEDAR RAPIDS, IA 52404
319 730 2733

PEORIA
1520 WEST ALTORFER DR.
PEORIA, IL 61615
309 691 2161

DUBUQUE
3195 HUGHES CT.
DUBUQUE, IA 52003
563 588 1856

MADISON
1206 Femrite Drive
MONONA, WI 53716
608 708 4822

REPUBLIC CREDIT APPLICATION

MINIMUM REQUIREMENTS TO CREATE AN ACCOUNT:

- *Must complete, sign, and date both pages of the credit application*
- *Must complete and sign the W9*
- *If tax exempt, you must also complete Tax Exempt form*
- *See Republic's W9 form for your records*

**Please complete all
applicable documents, scan,
and send to Tim Black.**

Contact Tim Black with any questions.



TIM BLACK
Credit Manager
Phone 563.383.6029
blackt@republicco.com

DAVENPORT
563 322 6204

CEDAR RAPIDS
319 730 2733

DUBUQUE
563 588 1856

PEORIA
309 691 2161

DES MOINES
515 416 4822

MADISON
608 708 4822



REMIT ALL PAYMENTS TO:
Republic Electric Company, LLC.
P.O. Box 3807
Davenport, IA 52808

CREDIT APPLICATION

Page 1 of 2

DATE: _____

PLEASE PRINT CLEARLY

Legal Business Name _____ Business Date Opened _____

Billing Address _____ City _____ County _____ State _____ Zip _____

Shipping Address _____ City _____ County _____ State _____ Zip _____

Buisness Phone _____ Fax _____ Email _____

Type of Organization: Individual Partnership Corporation FEIN # _____

Type of Business _____

SALES TAX STATUS

Please check one of the following - Add Tax Tax Exempt *If exempt please fill out tax exempt form & must have copy of state issued certificate*

ACCOUNTS PAYABLE CONTACT

Name _____ Phone _____ Ext _____

Contact Email _____ Cell Phone _____

Invoice Email _____

OWNER'S INFORMATION

1.

Name _____ Street Address _____ City _____ State _____ Zip _____ Phone _____

2.

Name _____ Street Address _____ City _____ State _____ Zip _____ Phone _____

3.

Name _____ Street Address _____ City _____ State _____ Zip _____ Phone _____

TRADE REFERENCES

1.

Company _____ Account # _____ Phone _____

2.

Company _____ Account # _____ Phone _____

3.

Company _____ Account # _____ Phone _____

BANK INFORMATION

Complete Name & Address of your Bank

Name _____ Address _____ City _____ Zip _____

Contact _____ Phone _____

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CREDIT APPLICATION

Page 2 of 2

TERMS

All invoices are due by the 10th of the month following purchase. Any invoices not paid by the 10th are subject to a service charge of 1.5% per month or 18% APR. NSF check fee is \$50.00 on all returned checks. Republic reserves the right to change terms, restrict credit, close an account, or place an account for collection or on COD without prior notice.

INVOICES

Invoices shall be provided by Republic Electric Company, LLC by electronic mail or fax to email or fax number provided by the Borrower, unless otherwise instructed by the Borrower.

RETURNS

Products must be returned within 30 days from the invoice date. All return items must contain the original invoice and will be subject to a minimum 15% restocking fee. Note that factory terms will govern restocking fees and freight charges on non-stock materials.

RIGHT TO REJECT

Republic Electric Company, LLC reserve the right to reject any Purchase Order for any reason at any time.

SECURITY

A Borrower grants and Republic Electric Company, LLC retains a security interest in all goods and inventory purchased from Republic Electric Company, LLC by the Borrower including, but not limited to, electrical equipment and supplies, mechanical equipment and supplies, heating and air conditioning units and supplies, refrigerant equipment and supplies, and sign support systems. The Republic Electric Company, LLC reserves the right to file a UCC financing statement at any point without further notice to Borrower or consent from Borrower.

PERSONAL GUARANTY

I (We) agree to personally guaranty the payment for materials, purchases, and other charges made to Republic Electric Company, LLC (herein after called Republic) by the company, corporation, or individual herein ("Borrower") applying for credit. Said Guaranty is given in consideration of materials and other charges incurred by Borrower with Republic. This Guaranty is unconditional and guarantees the full and prompt payment when due all accounts owed Republic by Borrower. I,(We) as Guarantor, further agree to pay cost and expenses, including, without limitation, all court costs and reasonable attorney fees paid or incurred by Republic in endeavoring to collect all or part of Borrower indebtedness to Republic. Upon default by Borrower provided herein, Republic may, at its discretion, proceed without notice, directly against me, as Guarantor, to collect and recover the full amount or any portion of Borrower's indebtedness without proceeding against Borrower.

As part of this Personal Guaranty, I authorize the acquisition and disclosure of credit reports and credit information. This authorization is on going and may be used by Republic at anytime.

This Guaranty has been executed, delivered, and accepted in Scott County, Iowa and shall be interpreted and in accordance with the laws of the State of Iowa. The jurisdiction and venue for any dispute arising from this agreement shall be the District Court of Scott County, Iowa.

DISCLAIMER

Republic Electric Company, LLC DOES NOT MANUFACTURE THE GOODS IT SELLS AND MAKES NO EXPRESS WARRANTIES THEREON. Republic Electric Company, LLC DISCLAIM ALL IMPLIED WARRANTIES INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTIAL USE. ALL GOODS SOLD AS IS.

By signing below, I (We) agree that I have read and fully understand said credit Application including the Personal Guaranty. I (We) agree to all terms, late charges and legal conditions contained herein. ***This document must be complete and signed on both sides.**

By _____
Company Name (Print)

Individual Guarantor/Borrower (Print Your Name)

Officer Name (Print) _____

Signature _____

Signature _____

Social Security _____ DOB _____

By _____
Company Name (Print)

Individual Guarantor/Borrower (Print Your Name)

Officer Name (Print) _____

Signature _____

Signature _____

Social Security _____ DOB _____

Republic Salesman _____

DAVENPORT
563 322 6204

CEDAR RAPIDS
319 730 2733

DUBUQUE
563 588 1856

PEORIA
309 691 2161

DES MOINES
515 416 4822

MADISON
608 708 4822

Request for Taxpayer

Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.

Print or type.
See specific instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	2 Business name/disregarded entity name, if different from above.
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) _____</p>	
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
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. See also What Name and Number To Give the Requester for guidelines on whose number to enter.

Social security number
- -
or
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 Here	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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

UNIFORM SALES & USE TAX CERTIFICATE
MULTIJURISDICTION

Issued to Seller: The Republic Companies
Address: 737 Charlotte Street P.O. Box 3807
Davenport, IA 52808-3807

I certify that:

Name of Firm (Buyer): _____

is engaged as a registered
Wholesaler _____
Retailer _____
Manufacturer _____
Seller (California) _____
Lessor (see notes
on reverse side) _____
Orther (Specify) _____

Address _____
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, ingredients or components of a new product to be
resold, leased, or rented in the normal course of business. We are in the business of wholesaling the
following:

Description of Business: _____

General description of products to be purchased from the seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State Registration, Seller's Permit, or ID Number of Purchaser	State Registration, Seller's Permit, or ID Number of Purchaser
AL	_____	ME	RI
AR	_____	MD	SC
CA	_____	MI	SD
CO	_____	MN	TN
DC	_____	MO	TX
GA	_____	NE	UT
HI	_____	NV	VT
ID	_____	NM	WA
IL	_____	ND	WI
IA	_____	OK	WY
KS	_____		

I further certify that if any property so purchased tax free is used or consumed by the firm 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 which 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.

Authorized Signature: _____

(Owner, Partner or Corporate Officer)

Title: _____

Date: _____

**Request for Taxpayer
Identification Number and Certification**Go to www.irs.gov/FormW9 for instructions and the latest information.Give form to the
requester. Do not
send to the IRS.Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)					
	Republic Parent LLC					
	2 Business name/disregarded entity name, if different from above.					
	Republic Electric Company, LLC					
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.					
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) C <small>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) _____					
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>					
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
	<small>Exempt payee code (if any) _____</small> <small>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</small> <small>(Applies to accounts maintained outside the United States.)</small>					
5 Address (number, street, and apt. or suite no.). See instructions.			Requester's name and address (optional)			
Po Box 3807						
6 City, state, and ZIP code						
Davenport, IA 52808-3807						
7 List account number(s) here (optional)						

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Social security number									
<input type="text"/>	<input type="text"/>	- <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
or									
Employer identification number									
9	2	-	2	3	7	8	6	1	7

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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.

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Sign Here	Signature of U.S. person		Date	01/02/25
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