

Credit Terms: _____
 Credit Limit: _____
 Approved By: _____

CREDIT APPLICATION, POLICIES AND TERMS

Firm Name: _____

Shipping Address: _____ City, State, Zip: _____

Billing Address: _____ City, State, Zip: _____

Telephone #: _____ Fax #: _____

Type of Business (corporation, LLC, etc.): _____ DUNS Number: _____

Proprietor, Partners, or Officers Name: _____

Date Business was established: ____ / ____ Federal ID #: _____

Tax Exempt/Sales Tax Resale Certificate #: _____

Does your company provide purchase orders for all purchases?

YES	NO
-----	----

if not, specify how orders will be placed: _____

Primary Contact: _____

Phone #: _____ Fax #: _____ Email: _____

Accounts Payable: _____

Phone #: _____ Fax #: _____ Email: _____

Purchasing: _____

Phone #: _____ Fax #: _____ Email: _____

Trade References:

Company Name: _____ Contact Name: _____

Fax: _____ Phone: _____ Email: _____

Company Name: _____ Contact Name: _____

Fax: _____ Phone: _____ Email: _____

Company Name: _____ Contact Name: _____

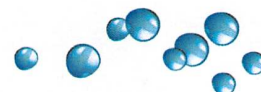
Fax: _____ Phone: _____ Email: _____

The information and statements in this application are true and correct. We authorize Commercial Energy Specialists and their affiliated companies to obtain any information considered necessary to validate the statements in this application. We also agree to the terms and conditions as stated in the CES customer credit policies on the reverse of this application.

Officer Signature _____

Title/Date _____

PAGE 1 OF 2 CES Credit Terms on page 2 is incorporated into this application.



CES CUSTOMER CREDIT POLICIES

All orders are payable in advance or by credit cards unless credit terms have been extended based on review and approval of information on the this application.

All invoices are due and payable upon receipt. All Terms begin on invoice date.

All equipment will be invoiced upon shipment to the designated delivery address.

Your account will be put on automatic hold if an invoice falls more than 30 days past due of your credit terms and we reserve the right to withhold shipments and/or service. We also reserve the right to confiscate equipment delivered due to non-payment.

If you need a copy of an invoice, please contact the accounting department at (561) 354-2707 or email your your request to AR@cesmail.org

Monthly Finance Charges in the amount of 1.5% may be applied to all past due invoices.

Notice to Owners will be prepared and sent to all parties in accordance with the appropriate state laws.

We reserve the right to file a lien on the property for any invoice that reaches sixty (60) days past due .

Invoices unpaid after 75 days will be turned over to our attorney for collection and be subject to attorney fees and interest.

Both pages of this application must be completed entirely and signed, by an officer or authorized agent or applicant, and on file with Commercial Energy Specialists, Inc., prior to any orders being released.

We will never charge your credit card without written authorization from you and use it only as security in the event you fail to honor the terms of the credit granted to your company.

CREDIT CARD INFORMATION:

NAME ON CARD: _____	TYPE: _____
CARD NUMBER: _____	
EXP DATE: _____/_____/_____	CODE: _____
Signature : _____	Date: _____
Print Name: _____	Title: _____

Please fax or email this Credit Application and credit card information to :

Commercial Energy Specialists, Inc.

952 Jupiter Park Lane, Suite 1

Jupiter, FL 33458

PH: 561-354-2707; FAX: 561-354-2730; Email: kmacdermott@cesmail.org

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Commercial Energy Specialists, Inc.	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) 952 Jupiter Park Lane, Suite 1		Requester's name and address (optional)
City, state, and ZIP code Jupiter, Florida 33458		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																				
	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>	Social security number																		
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5	9	-	2	5	5	0	0	5	7											
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.																				

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).	
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 Here	Signature of U.S. person ▶ Date ▶ _____

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.

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.