



Waterloo

Healthcare Medical Carts

NEW ACCOUNT INFORMATION FORM

Fill out & send back to sales@waterloohealthcare.com or Fax to 602.437.2270
If you have any questions, please call us at 1.800.833.4419

Company Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Shipping Address _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ Fax (_____) _____

Parent Company (if applicable) _____

City _____ State _____ Zip Code _____

KEY PERSONNEL (Please give full name):

Buyer/Purchasing Agent _____

Accounts Payable Mgr _____

Accounts Payable Rep _____

Owner's Name _____

Credit Limit requested: \$ _____

Email address to send shipping confirmations _____

Fax/Email address to send invoicing _____

TYPE OF BUSINESS:

Distributor Hospital/Medical CTR Other

CA Sales Tax Exempt. # _____

MO Sales Tax Exempt. # _____

Years in Business _____

I (we) have completed this application and certify that all statements contained therein are true and correct. I (we) agree that credit inquiries may be made and authorize the release of such information to you. I (we) understand and agree that any credit granted shall be paid promptly in accordance with credit grantor terms and agreements. I (we) also understand and agree that credit grantor may add legal rate of interest per month to any balance not paid in accordance with said terms and agreements. I (we) also agree, in the event of default, to pay reasonable collection charges, attorney fees and court costs where applicable.

Authorized Signature _____ Date _____

Please Print Name _____ Title _____

Where did you hear about Waterloo Healthcare? (Please list the name of the specific referral source)

Magazine Ad _____ Trade Show _____ Internet _____

Word of Mouth _____ Other _____

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one 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) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Note. If the account is in more than one name, see the instructions for line 1 and 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); 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 on page 3.

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. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Waterloo

Healthcare Medical Carts

Supplier Name: Waterloo Healthcare, LLC
Contact: Accounts Receivable
ar@2mfg.com

WIRE/ACH INSTRUCTIONS

Bank Name: Wells Fargo Bank, N.A.

City, State: San Francisco, CA
Routing: 121000248

Swift: WFBIUS6S

Phone: 800.289.3557

Beneficiary Account Number (BNF): 4167829746

Beneficiary Account Name: Bergmann Precision, Inc./Waterloo Healthcare

Remit to Address (for checks): P.O. Box 842740
Los Angeles, CA 90084-2740

Credit Cards are accepted with a 3% fee: Visa, Mastercard, Discover and American Express

Correspondence Address: 3730 E. Southern Ave.
Phoenix, AZ 85040

Please email payment detail confirmation to: ar@2mfg.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 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. WATERLOO HEALTHCARE, LLC	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ S <small>Note: 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 not 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.</small> <input type="checkbox"/> Other (see instructions) ▶	4 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>
5 Address (number, street, and apt. or suite no.) See instructions. 3730 E SOUTHERN AVE	Requester's name and address (optional)
6 City, state, and ZIP code PHOENIX, AZ 85040	
7 List account number(s) here (optional)	

Print or type.
See Specific Instructions on page 3.

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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.

Social security number									
or									
Employer identification number									
4	5	-	0	4	7	4	1	6	7

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Sign Here	Signature of U.S. person ▶	Date ▶ 11/1/2019
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Waterloo

Healthcare Medical Carts

TERMS AND CONDITIONS

PLACING YOUR ORDER

- All orders must be in writing.
- Please fax your order to 602.437.2270 or email to csr@waterloohealthcare.com.
- If a quote was provided prior to ordering, you must reference the quote number on the order.
- You must have an account with Waterloo to place an order. If you do not have an account, please contact Customer Service at 1.800.833.4419.
- Please keep a record of your account number for easy reference.
- Please contact Customer Service when ordering special parts. They will be able to assist you even in the event that parts are not listed individually.

TERMS OF SALE

- Net 30 days for regular customers with approved credit. Other requested terms must be submitted in writing for approval.
- Visa, MasterCard and American Express credit cards are accepted. Credit card processing fees may apply.
- Electronic checks are accepted.
- Service or handling charges are non-refundable.

PRICING

- Pricing is subject to change without notice and products are priced "each" unless otherwise noted. When calling our Customer Service Department please ask if your price listings are current.
- This catalog is available free of charge to any qualified individual, organization or institution.

SHIPPING TERMS

- Our Standard shipping terms are F.O.B Phoenix, AZ.
- Stock items can be shipped within two days after receipt of your order.
- Whenever possible, we ship via UPS Ground Service. For emergency orders, we will gladly ship your order via UPS Air for guaranteed delivery within one or two days for an additional cost.
- All orders that require a pallet will ship via LTL Carrier and are not eligible for Air Transportation.

RETURNED GOODS

- All returned goods must have an authorization number (RMA) assigned by our Customer Service Department.
- Returns must be requested within 30 days from date of original shipment and must arrive no later than 45 days from date of original shipment.
- Please refer to your purchase order number and customer account number when phoning in your request for returning merchandise.
- All returned goods must be sent prepaid. Any return that is not prepaid will be refused.
- Any cart with Electronic (WIFI & NON-WIFI) or Pushbutton locking systems is non-returnable. Large or Custom orders are subject to contract and are non-returnable. Carts that have been modified or tampered with are non-returnable. Medication Carts are customized and non-returnable.



Waterloo

Healthcare Medical Carts

TERMS AND CONDITIONS

RESTOCKING CHARGE

- A restocking fee (25% +) may be charged to your account for returned merchandise.
- If we shipped incorrect merchandise, there will be an exception to the policy. In this case, please call our Customer Service Department and report the incorrect shipment. The same policy regarding an authorization number applies.

DAMAGED OR MISSING GOODS CONT.

- All damages must be reported to WHC on the day the items are delivered.
 - You have 15 days from the delivery date to report any missing items to WHC.
 - If you receive a shipment via truck, inspect all cartons at the time of delivery. If you receive a package that you believe is damaged, we ask that you do not sign for it. Open all packaging and if there is any damage, call 1-800-833-4419 as soon as possible. You MUST inspect and make note of all possible damages on Carrier's Delivery Receipt or Bill of Lading.
 - You may be asked to take pictures of the damage to send to WHC to file a claim.
 - Damage that is not recorded on the Carrier's Delivery Receipt will be considered Concealed Damage and will be the responsibility of the customer.
 - Please save all boxes and packing materials to show that the items were packed properly.
 - 3rd Party and Collect freight damages and lost items are the responsibility of the customer.
- **Please contact Customer Service for full written policies/procedures regarding freight claims***

PRODUCT WARRANTIES

- Waterloo Healthcare (Seller) warrants the products it manufactures to be free from defects in material and workmanship under normal and proper use and service for a period not exceeding 5 (five) years from the date of delivery to the original location.
- This warranty does not apply to any product that has been subject to abuse, misuse, negligence, modification, normal wear or an accident (dents and scratches are considered normal wear).
- Electronic (WIFI & NON-WIFI) components and plastic parts have a one (1) year warranty under the aforementioned conditions of use.
- The Seller's liability is limited to the cost of the repair or replacement of any products (at its factory) which fail to comply with the foregoing warranty. In no event shall the seller be liable for any consequential damages claimed as a result of breach of the foregoing warranty.
- The Purchaser must reference the original purchase order number or Seller's invoice on any claims. The Seller will determine if the products should be returned to the factory or if parts should be sent to the customer for repair of the product.
- The warranty stated herein is in lieu of all warranties, expressed or implied, including but not limited to merchantability or fitness for a particular purpose.

STOCKING FEES

- Waterloo's warehouse is setup for manufacturing and not distribution storage. Stocking fees may apply if Waterloo is asked to store and hold carts that are ready for pick up.
- The stocking fee is \$25.00 per cart, per day and is subject to change without written notification.
- Waterloo will notify the customer if they are at risk of incurring stocking fees.
- Stocking fees apply to all customers.
- Contact customer service for more information on how to avoid stocking fees.