



PHOENIX LTC
MED CARTS

NEW ACCOUNT INFORMATION FORM

Fill out & send back to sales@phoenixltc.com or Fax to 602.437.2270
If you have any questions, please call us at 855.633.2278

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 _____

GPO(S):

MHA GERIMED OTHER _____

TYPE OF BUSINESS:

Pharmacy Facility Distributor

Other _____

Owner's Name _____

CA Sales Tax Exempt. # _____

MO Sales Tax Exempt. # _____

How long in business? _____

Credit Limit Requested: \$ _____

Email address to send shipping confirmations _____

Fax/Email address to send invoicing _____

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 _____

Title _____

How did you find out about Phoenix LTC? (Please list the name of the specific referral source)

Search Engine _____

Trade Show _____

Sales Rep _____

Referral _____

Marketing Promotion _____

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"/> 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) ▶ _____ 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.



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SUMMARY OF PAYMENT OPTIONS

- 1) ACH/Wire Payment
- 2) Email an image/scan of check (*Do not mail in check, but hold until payment clears*)
- 3) Mail in check
- 4) Credit Card Payment (*3% Processing fee applies*)

ACH/Wire Transfer

Bank Name: UMB Bank, N.A. (*Kansas City, MO*)
Bank Address: 2777 E. Camelback Rd., Suite 100, Phoenix, AZ 85016
Account Name: Bergmann Precision, Inc.
Account #: 9872404998
Routing #: 101000695 (*incoming Domestic **United States***)
Swift: UMKCUS44 (*incoming International*)

Email Image/Scan of Check (No International Checks)

- Email check image/scan to ar@2mfg.com for processing
- DO NOT MAIL IN CHECK, but hold until payment clears

Mail Check (NEW STARTING MAY 2020)

PO BOX 641078
Dallas, TX 75264-1078

Credit Card Payment (3% Processing Fee Applies)

- Online credit card payment (*Invoices Only*): <http://www.phoenixltc.com/pay>
- Call in with credit card payment (*Invoices & Prepayments*)
855.633.2278 or 602.437.4940

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.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	Bergmann Precision, INC		
	2 Business name/disregarded entity name, if different from above		
	Phoenix Long Term Care		
	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.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" 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) ▶ _____ 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. <input type="checkbox"/> Other (see instructions) ▶ _____		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.) See instructions.		Requester's name and address (optional)
3730 E SOUTHERN AVE			
6 City, state, and ZIP code			
PHOENIX, AZ 85040			
7 List account number(s) here (optional)			

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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.

Social security number									
				-			-		
or									
Employer identification number									
8	6	-	0	4	6	1	8	9	8

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ 11/21/19
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- Form 1099-K (merchant card and third party network transactions)
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TERMS & CONDITIONS

PLACING YOUR ORDER

- When placing your order with us, please refer to your customer account number. This can be found on your invoice and packing list.
- Please contact Customer Service when ordering special parts. They will be able to assist you even in the case that parts are not listed individually.

TERMS OF SALE

- Net 30 days for regular customers with established credit.
- Visa, MasterCard, Discover and American Express credit cards are accepted, but may be subject to a convenience fee at the seller's discretion.
- I (we) also understand and agree that credit grantor will add interest charges of 1.5% per month to any balance not paid in a timely manner in accordance with said Terms and Conditions.
- I (we) agree that any action to collect a debt or to enforce rights for items purchased or credit extended shall be commenced in Maricopa County, Arizona Superior Court and I (we) consent to jurisdiction for such action.

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.

NATIONAL SALES FORCE

- Phoenix Long Term Care supports our customers with a National Sales Force to assist with product demonstrations or any technical questions about our products. Please ask our Customer Service Department for the name of the representative in your area.

RETURNED GOODS

- All returned goods must have an authorization number assigned by our Customer Service Department. Returns must be requested within 20 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 or Pushbutton locking systems, materials that have been modified or are not in NEW resalable condition are non-returnable. Large or Custom orders are subject to contract and are non-returnable.



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TERMS & CONDITIONS

RESTOCKING CHARGE

- A 25% restocking fee will be charged to your account for returned merchandise.
- If we shipped incorrect merchandise, there will be an exception to the policy. If this is the 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 Phoenix LTC the day the items are delivered.
- You have 15 days from the delivery date to report missing items to Phoenix LTC.
- If you receive a shipment via truck, inspect all cartons at 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 report any damage at 855-MED-CART as soon as possible. You **MUST** make note of any damages on Carriers
- Delivery Receipt or Bill of Lading.
- You may be asked to take pictures of the damage to send to Phoenix LTC to file a claim.
- Damage that is not recorded on the Carriers 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.

PRODUCT WARRANTIES

- Phoenix Long Term Care (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 five (5) 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 & scratches are considered normal wear).
- Electronic 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 on Seller's invoice on any claims. The Seller will determine in 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.