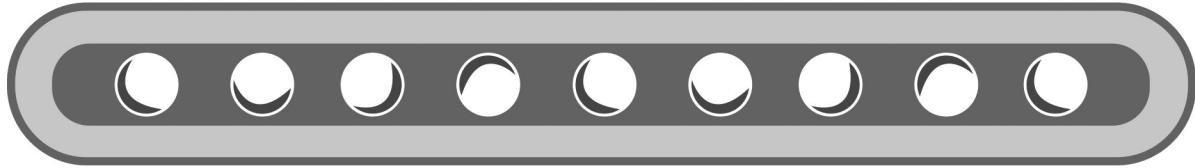


TOP SHELF

INTEGRATED SOLUTIONS



New Customer Welcome Packet

4/18/2018



INTRODUCTION

Thank you for choosing Top Shelf Integrated Solutions. We look forward to working with you now and for years to come!

In order to expedite initial set up, please utilize this document as a quick, complete guide to what we need to get started.

CONTENTS

- **Page 1 Introduction**
- **Page 2 Credit Application**
 - Complete attached form unless all information is present on an existing company form. In that case, Top Shelf form must be signed, dated and returned.
 - For COD/Credit Card, please complete only the top portion of Page 2 (Credit Application), Page 4 (Credit Card Authorization) and supply Tax Exemption information, if applicable.
- **Page 3 Preferred Payment Method**
 - EFT (Preferred method)
 - Check
 - Credit Card Authorization Form (Page 4)
- **Page 5 Sales Tax Exemption Form**
 - Blank form available if needed.
- **Page 6 Top Shelf's W-9 form**

*One Call Solves It All: *Discovery *Design *Procurement *Integration *Managed Implementation *Service *Gratitude*

1-614-934-1755
www.TopShelfIntegratedSolutions.com

TOP SHELF INTEGRATED SOLUTIONS
4449 EASTON WAY, 2nd FLOOR · COLUMBUS, OH 43219
Phone: (614) 934-1755 · Fax: (614) 386-2000



CREDIT APPLICATION

Please send completed and signed Credit Application to jroyer@TopShelfIntegratedSolutions.com

Company name: _____ Phone # _____

Street address: _____ Billing address: _____

AP Email for Sending Invoices: _____ AP Name: _____ AP Phone: _____

Fax # _____ F.E.I.D. _____

Tax Exempt: Yes No (If yes, please attach tax exempt certificate)

Corporation Partnership Proprietorship Other, indicate: _____

Nature of business: _____ How long in business: _____

If a subsidiary branch of division, name and location of parent company: _____

Names of Principals, Partners, or if Corporation, Officers and Titles: _____

Bank Reference(s): List name, address, phone number, type of account, and account number below:

Name: _____ Phone # _____

Address: _____ Account # _____

Type of account: _____

Trade References:

Name: _____ Name: _____

Phone # _____ Fax # _____ Phone # _____ Fax # _____

Contact: _____ Contact: _____

Name: _____ Name: _____

Phone # _____ Fax # _____ Phone # _____ Fax # _____

Contact: _____ Contact # _____

OPEN ACCOUNT TERMS ARE NET INVOICE UNLESS OTHERWISE STATED ON INVOICE. PLEASE PAY BY INVOICE. Buyer recognizes Seller's terms and acknowledges and authorizes a service charge of 1 1/2% per month (18% per annum) or the highest charge permitted by law (whichever is lower) on any account unpaid after 30 days. Buyer acknowledges that Seller may withhold shipments and/or service to accounts with balances that are past due. In consideration of credit being extended, we agree, on any sale, to pay Seller's reasonable costs of collection, and/or attorney's fees, including appeal, if we fail to pay when due and our account is referred to any attorney or other third party for collection. We authorize and agree to a charge of \$35.00 if our check is returned by the Seller's bank. We agree that jurisdiction for any dispute shall be at Seller's option.

Buyer consents to verification of the information contained herein, as well as periodic updating. Buyer consents to communication from seller via facsimile (fax) or electronic mail (e-mail) per FCC regulations.

Signature	Print Name	Date
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EFT Payment Information

Firm Legal Name: Top Shelf Integrated Solutions
Address: 4449 Easton Way, 2nd Floor
Columbus, OH 43219
Phone: (614) 934-1000
Fax: (614) 386-2000

Bank Reference: FC Bank, a Division of CNB Bank
Account Number: 1306935264
Routing Number: 031306278
Address: 6600 N High Street
Columbus, OH 43085

Please send EFT payment remittance info to ar@topshelfintegratedsolutions.com to ensure that payments can be applied correctly

Check Payment Information

STANDARD CHECK PAYMENT

***This is a lockbox & only receives regular mail NOT FedEx**

Top Shelf Integrated Solutions, LLC
Department 5790
PO Box 4110
Woburn, MA 01888-4110

EXPEDITED CHECK PAYMENT

***Please use this info below if sending via FedEx.**

Please notify tracking information to: ap@topshelfintegratedsolutions.com

Top Shelf Integrated Solutions, LLC
4449 Easton Way
Columbus, OH 43219

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TOP SHELF

INTEGRATED SOLUTIONS



Company Name: _____

Date: _____

I, _____, authorize Top Shelf Integrated Solutions to charge my credit card the following :

Amount to be charged:-\$_____ US Dollars

Credit Card Information

Mastercard Visa Discover
(Please circle one)

Credit Card Number:

American Express

Credit Card Number:

Expiration Date: Month _____ Year _____

CVV Code : _____
Mastercard, Visa, Discover 3-digit code on back of card
American Express 4-digit code top right on front of card

Cardholder's Name: _____

Credit Card Billing Information:

Address _____

Single Usage Approval
Blanket Authorization

NOTE: A 3% CONVENIENCE BE MAY BE ADDED TO ANY CHARGE OVER \$5,000.00

I, _____, hereby authorize TOP SHELF INTEGRATED SOLUTIONS, LLC to collect all charges via credit card as indicated above. Charges will not exceed the amount listed above on the "Amount to be charged" line.

I certify that I am an authorized user of this credit card and will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated on this form.

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Sales and Use Tax Blanket Exemption Certificate

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

_____ (Vendor's name)

and certifies that the claim is based upon the purchaser's proposed use of the items or services, the activity of the purchase, or both, as shown hereon:

Purchaser must state a valid reason for claiming exception or exemption.

Purchaser's name

Purchaser's type of business

Street address

City, state, ZIP code

Signature

Title

Date signed

Vendor's license number, if any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchaser must comply with either rule 5703-9-10 or 5703-9-25 of the Administrative Code. This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.

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. Top Shelf Integrated Solutions, 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) ▶ P <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. 4449 Easton Way, 2nd Floor	Requester's name and address (optional)
6 City, state, and ZIP code Columbus, OH 43219	
7 List account number(s) here (optional)	

Print or type.
See Specific Instructions on page 3.

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. 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	2	-	3	5	3	4	0	2	0

Part II Certification

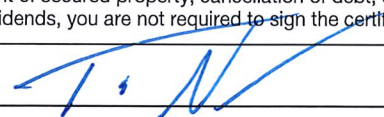
Under penalties of perjury, I certify that:

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 ▶

2/26/18

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.

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, later.