



# SMA Customer Information & Application Agreement

Send Completed Form To: P.O. Box 2247 Jonesboro, AR 72402

Fax: 870-935-5651 or Email: accounts@smalink.com

**\* Asterisk indicates required field.**

Incomplete or unsigned applications **cannot** be processed.

Date: \_\_\_\_\_

If applicable account number of customer purchased: \_\_\_\_\_

## Section 1 - Customer Information

\*Company Name: \_\_\_\_\_

\*Billing Add 1: \_\_\_\_\_

Billing Add 2: \_\_\_\_\_

\*City: \_\_\_\_\_

\*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Company Email: \_\_\_\_\_

Company Website: \_\_\_\_\_

\*Fed. ID#(EIN/BN): \_\_\_\_\_

\*Year Started: \_\_\_\_\_

\*Nature of Business: \_\_\_\_\_

\*Ship-to Name: \_\_\_\_\_

\*Shipping Add 1: \_\_\_\_\_

Shipping Add 2: \_\_\_\_\_

\*City: \_\_\_\_\_

\*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*County: \_\_\_\_\_

\*Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

\*Sales Tax ID#: \_\_\_\_\_

(See back page to add additional locations)

### Check All that Apply to Your Business:

☐ John Deere Dealer ☐ CNH Dealer ☐ Kubota

☐ Other OEM Dealer ☐ Auto Parts Store ☐ Co-Op

☐ Fertilizer Supply ☐ Tractor Repair Shop

☐ Farm & Fleet Store ☐ Manufacturer

☐ Other: \_\_\_\_\_

## Section 2 - Invoice/Statement

\*Do you require Purchase Order Numbers? ☐ Yes ☐ No \*Estimated Annual SMA Purchases \$ \_\_\_\_\_

\*Which method do you prefer to receive invoices? ☐ Email To: \_\_\_\_\_

☐ Fax To: \_\_\_\_\_

## Section 3 - Manager & Accounts Payable Contact Information (Required)

\*Manager Name: \_\_\_\_\_ \*A/P Contact Name: \_\_\_\_\_

\*Manager Phone: \_\_\_\_\_ \*A/P Phone: \_\_\_\_\_

\*Manager Email: \_\_\_\_\_ \*A/P Email: \_\_\_\_\_

\*Sales Email: \_\_\_\_\_ \*Sales Contact Name: \_\_\_\_\_

– NOTE: SMA Does Not Process COD Shipments –



# SMA Customer Credit Information Application

## Account Payment Options

☐ Open Account (Standard Terms)

☐ Auto-Payment via High Radius (No credit references required)

If ineligible for an open account, would you like to be set up on Auto-Payment? ☐ Yes ☐ No

While waiting on references, would you like to be set up on Auto-Payment? ☐ Yes ☐ No

*Please Note: Reference checks can take up to 30days. Providing accurate contact information will help expediate the process.*

1. Vendor Credit References (3 Required) for Open Account - Standard Terms			
Name		City	State
Email		Phone	Fax
2.			
Name		City	State
Email		Phone	Fax
3.			
Name		City	State
Email		Phone	Fax
4.			
Name		City	State
Email		Phone	Fax
5.			
Name		City	State
Email		Phone	Fax

I understand that our account with SMA is payable by due date on the invoice and any account with a balance past due 45 days will be placed on credit hold without notice. A standard service charge of up to 1.5% per month will be levied on overdue balances. Such charges will continue each month thereafter until the account is paid. Any legal and/or collection fees required to secure payment on this account will become our responsibility. The completion of this form does not necessarily guarantee open account privileges. Signature below is written consent to complete a credit check. Payment of any part of your account by check may be converted to an ACH transaction. If requesting a credit card account, please charge my credit card for all shipments.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

### Primary Business Contact Information (Required)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_



# SMA Customer Credit Information Application

## SMA Customer Certificate of Exemption

☐ Please check here if your account will be taxable

☐ If non-taxable, please complete the following:

The undersigned hereby claims exemption on the purchase of tangible personal property from SMA on and after \_\_\_\_\_, made under this certificate and certifies that this claim is based upon the purchaser's proposed use of the item(s) purchased, the activity of the purchaser, or both as shown herein.

State here reason for exemption: \_\_\_\_\_

Company Name: \_\_\_\_\_

State Sales Tax Exemption #: \_\_\_\_\_

This certificate shall continue in force until revoked, and shall be considered a part of each order given to the above named vendor, unless the order specifies otherwise.

By: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Signature & Title

**– BE SURE TO INCLUDE A COPY OF YOUR SALES TAX EXEMPTION CERTIFICATE –**  
**(Including all Ship-To Locations)**

### Additional Information

Please provide any information below regarding additional company contacts including phone numbers, fax numbers, and email addresses which will help us better service your account.

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**– Incomplete or unsigned applications Cannot be processed –**



## Guaranty Agreement

**Send Completed Form To:** P.O. Box 2247 Jonesboro, AR 72402 **Fax:** 870-935-5651 **Email:** accounts@smalink.com

FOR VALUE RECIEVED and in considerations of present and future credit sales of goods and merchandise made on an unsecured account by SOUTHERN MARKETING AFFILIATES, sellers, to \_\_\_\_\_  
a corporation, buyer, the undersigned, stockholders of the buyer, do(es) hereby guarantee to Southern Marketing Affiliates and its successors and assigns the full and prompt payment, when due and at all times thereafter, of any and all indebtedness arising from the sales of goods and merchandise to the buyer on account and waives advance notice of charges made to said account and agrees to be responsible for the same when due. The undersigned acknowledge that they will be personally liable for indebtedness of the buyer to Southern Marketing Affiliates.

This guaranty shall be continuing and unconditional and will remain in full force and effect until written notice of its discontinuance shall be actually recieved by Southern Marketing Affiliates and until any indebtedness and liabilities existing at the time of receipt of such notice shall be fully paid.

This guaranty shall be binding upon the undersigned and their heirs, legal representatives, and assigns.

DATED this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature Owner or Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Owner or Officer Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Witness Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Witness Name (Required)

**NOTE:** All owners must provide a separate Guaranty Agreement form.



## Additional Location Information

Use this section to add additional ship-to locations for your account.  
**If non-taxable, Sales Tax Exemption Documents must be provided for each location.**

Ship-to Name: \_\_\_\_\_

Shipping Add 1: \_\_\_\_\_

Shipping Add 2: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Sales Tax ID#: \_\_\_\_\_

Mailing Add 1: \_\_\_\_\_

Mailing Add 2: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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### Accounts Payable Contact Information: (if different than page 1)

AP Contact: \_\_\_\_\_ AP Email: \_\_\_\_\_

AP Phone: \_\_\_\_\_ AP Fax: \_\_\_\_\_

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### Additional Information:

\*Do you require a separate monthly statement and individual billing ID for this location? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, is the mailing address same as above? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, please provide Mailing address below.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**NOTE: Please Attach a Completed W-9 for this Location.**

**Send Completed Forms To:** P.O. Box 2247 Jonesboro, AR 72402 **Fax:** 870-935-5651 **Email:** accounts@smalink.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](http://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.	
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 <b>one</b> 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) ► _____ <b>Note:</b> 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 <b>not</b> 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) ► _____	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.) 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. Also see *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](http://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.*



## Existing Account Additional Location Information

Use this section to add additional locations to your existing account.  
**If non-taxable, Sales Tax Exemption Documents must be provided for each location.**

Account No: \_\_\_\_\_

Ship-to Name: \_\_\_\_\_

Shipping Add 1: \_\_\_\_\_

Shipping Add 2: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Sales Tax ID#: \_\_\_\_\_

Mailing Add 1: \_\_\_\_\_

Mailing Add 2: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Accounts Payable Contact Information: (if different than Section 3)

AP Contact: \_\_\_\_\_ AP Email: \_\_\_\_\_

AP Phone: \_\_\_\_\_ AP Fax: \_\_\_\_\_

### Additional Information:

\*Do you require a separate monthly statement and individual billing ID for this location? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, is the mailing address same as above? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, please provide Mailing address below.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**NOTE: Please Attach a Completed W-9 for this Location.**

Send Completed Forms To: P.O. Box 2247 Jonesboro, AR 72402 Fax: 870-935-5651 Email: [accounts@smalink.com](mailto:accounts@smalink.com)