

1220 South Pasadena Mesa, AZ 85210 480-969-6606

paracc@partitionsco.com AZ ROC# 110352

Commercial Building Specialties Sales, Service and Installation

#### Dear Customer:

Thank you for your interest in our company; we have over 40 years of experience serving customers for their building specialties needs. We would be pleased to become your vendor of choice.

Included is a credit application form and tax exempt forms. Please complete and return the appropriate forms as soon as possible. Be sure to fill out each form <u>completely</u>. Include your bank account number and four (4) trade credit references, and please be sure to <u>sign the application</u> giving us the authorization to contact your creditors.

If you should have any questions in reference to your application, please call our office and ask to speak with Melissa Allende mallende@partitionsco.com 480-969-6606 480-833-5524 (fax)

Thank you and we look forward to working with you.

All information provided will be kept confidential. This communication, including attachments, is for the exclusive use of Partitions & Accessories Company to be used only for intended purpose of obtaining information necessary to determine appropriate extension of credit terms between the Partitions & Accessories Company and customer.

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#### Commercial Building Specialties Sales, Service and Installation

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Date					
Business Legal Name			Phone		
Street Address	Note the production of the control o				
Mailing Address					
Please Indicate [] Corp	poration [] Partne	rship [] Individual	Federal I.D. Tax#		
Years in Business		Years in Present Locat	ion		
State Resale #	es transfer and a second	Est. monthly credit req	uirement		
Contractors License #		Qualifying Party			
Contact for Accounts Paye	able		P.O. Required?		
<u>Principals Name</u>	<u>Title</u>	<u>Home Address</u>	<u>Phone</u>		
	<u>B.</u>	ANK REFERENCES			
Bank #1		Bank#2			
Address		Address			
Phone		Phone			
Fax		Fax	4		
Email		Email			
Person to Contact		Person to Con	ntact		
Account #		Account #			
	<u>CR</u>	EDIT REFERENCES			
Supplier #1		Supplier #2			
Address	No. of the second second	Address			
Phone F	ax	Phone	Fax	A STATE OF THE PARTY OF THE PAR	
Email		Email			
Supplier #3		Supplier #4	The second secon		
Address		Address			
2					
Phone F	'ax	Phone	Fax		
Email		Email			
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The above information is submitted by the undersigned for the purpose of obtaining credit. The undersigned represents and warrants said information to be true and correct and a complete statement of its financial condition. The undersigned hereby authorizes L. R. Borelli Inc. d.b.a. Partitions & Accessories Company, to make such inquiries as are necessary to obtain credit and authorizes the banks of record to release information regarding my accounts. The undersigned agrees to pay all invoices within the prescribed terms extended by L. R. Borelli Inc. d.b.a. Partitions & Accessories Company. Late Payment charges of 2% per month are assessed on all balances which become 30 days or more past due. The undersigned agrees to pay such last payment charges on any amounts not paid within these terms of sale. In the event legal action is instituted to enforce collection, the undersigned agrees to pay reasonable attorney's fees and other costs incurred for such legal action. The undersigned represents to have authority to supply this information and to seek credit on behalf of the applicant if a corporation.

and to seek credit on bendif of the applicant if a corporation.				
Authorized Signature	Title	Date		
Special Instructions				
	CREDIT AGREEMENT			
In consideration of advances, and/or extensionamed by L. R. Borelli, Inc. d.b.a. Partition Company, and as an inducement to make su unconditionally guarantee the payment of a the Partitions & Accessories Company by su accordance with the terms, conditions, and expenses, including reasonable attorney's full enforcement of this Guaranty, whether or in the hereof, amount of advances and/or sales are payment and/or default in payment, and fur said Applicant.	ns & Accessories Company, hereinafter call such advances and/or sale and deliveries, the any and all sums of money as are now, or all said applicant, on account of such advances agreements contained in this Application, after a may be incurred by Partitions & Action to suit is commenced. The undersigned her and deliveries, terms of credit, date of shipments.	led Partitions & Accessories  e undersigned, jointly and severally  t any time hereafter may be owing  s and/or sales and deliveries, in  together with such costs and  ecessories Company in the  reby waivers notice of acceptance  ent or delivery, extensions of time of		
This is intended to be and is a continuing of Partitions & Accessories Company not to m Guaranty and until the expiration of five (5, Company by registered mail, return receipt advances made and/or merchandise shipped in any respect, liability incurred by the und	nake any further advances and/or sales and ) days after such notice shall have been rec t requested. Any such revocation shall be e d or delivered after the expiration of said fi	deliveries on the security of the ceived by Partitions & Accessories ffective only with respect to		
Authorized Signature	Title	Date		

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A. Contractor

\* Name

# **Arizona Department of Revenue**

# **Arizona Form** 5005

### **Contractor's Certificate** Prime Contracting and MRRA

\* TPT License #

The purpose of this form is to provide a subcontractor with the validation required for prime contracting transaction privilege tax (TPT) exemption, and for exemption from liability for an amount equal to retail TPT on materials incorporated or fabricated into maintenance, repair, replacement or alteration (MRRA) projects. The form can be provided for a particular project, for a period of time, or until revoked. This certificate establishes liability for the prime contracting TPT and/or the amount equal to the retail TPT; therefore, it must be completed by the contractor assuming the liability. The asterisked (\*) items must be completed; otherwise, the certificate is not valid. The Department may disregard this certificate pursuant to ARS § 42-5008.01 or ARS § 42-5075.E if the certificate is incomplete or erroneous. If disregarded, the subcontractor accepting the certificate will have the burden of proving (pursuant to ARS § 42-5008.01 or ARS § 42-5075.D), that it is not liable for the prime contracting TPT and/or the amount equal to the retail TPT.

* Address		Town or Post Office	State	ZIP Code	
AZ Contractor License Number		Phone Number			
B. Subcontractor	L				
· 多数,一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		* TPT License # (if none, wr	ito "NI/A MDD	\ only"\	
* Name			ILE IN/A - IVINN	Control )	
Partitions & Accessories Co.  * Address	City	07-370669-X Town or Post Office	State	ZIP Code	
			AZ	85210	
1220 S. Pasadena AZ Contractor License Number	Mes	e Number	AZ	00210	
	0.000 1.000 0.000				
ROC CR 60-110352	(480	)) 969-6606			
A STATE OF THE PROPERTY OF THE	Tarkinsk van in bradings k		Service attack of the record of the		
C*. Type of Certificate (check one and provide	request	ted information)			
☐ Single Project Certificate	OR	☐ Blanket Certificate (checrequested information).	ck applicable b	oox and fill in	
*PROJECT DESCRIPTION		☐ Period From:			
		Through:			
	000000000000000000000000000000000000000	☐ Until revoked			
		☐ Specific Exceptions:			
	4	E opecine Exceptions.			
	-				
	-1				
** (For example; Building Permit #, Address, Subdivision,					
Book/Map/Parcel #s, and/or Legal Description)	J				
I hereby certify that I have authority to sign this Certificate on	behalf of	Contractor. I understand	that by execu	iting this Certificate	
Contractor is licensed for TPT purposes and is assuming	the prime	contracting TPT liability	and/or the ar	mount equal to retai	
TPT liability applicable to the above referenced project(s)					
SIGNATURE		PRINT NAME			
TITLE		DATE SIGNED			
ADOR 10313 (6/15) This Form Superseded All Other Form 5005's		DATE SIGNED			

#### **Contractor's Certificate Instructions**

#### **GENERAL INSTRUCTIONS**

In order to ensure the effectiveness of the Certificate, all required fields must be completed.

- A. The "NAME", "ADDRESS", and "TPT LICENSE NUMBER" fields of the Contractor section must be completed. The contractor is the entity responsible for the tax.
- B. The "NAME", "ADDRESS", and "TPT LICENSE" fields of the Subcontractor section must be complete.
- C. Either the "Single Project Certificate" box or the "Blanket Certificate" box of the Type of Certificate section must be checked.
  - If the Single Project Certificate box is checked, the "PROJECT DESCRIPTION" must be supplied. The project description must be sufficient to identify the location of the single project or the Certificate will be deemed incomplete by the Department of Revenue.
  - If the Blanket Certificate box is checked, either the "From: Through:" box or the "Until revoked" box must be checked. If the "From: Through:" box is checked, the "From: Through:" dates must be provided. The "Specific Exceptions" box is optional and allows the "Prime Contractor" to exclude Specific projects or time periods from the Blanket Certificate If the "Specific Exceptions" is checked, details describing the excluded project(s) or the excluded time periods must be provided.
  - The "SIGNATURE", "TITLE", "PRINT NAME" and "DATE SIGNED" FIELDS of the Signature section must be completed.

Failure to complete these fields as specified may result in the Arizona Department of Revenue disregarding the incomplete Certificate.

#### RETROACTIVE EFFECT

If a Certificate is not signed contemporaneously to the commencement of a contracting project intended to be within the scope of the Certificate, the Department of Revenue will accept the certificate as evidence of the alleged facts. However, the person receiving the certificate may not receive the benefit of the certificate if the Department determines that any of the facts set forth in the certificate are inaccurate.

# ASSUMPTION OF PRIME CONTRACTING TPT LIABILITY

In most instances, the entity assuming the prime contracting transaction privilege tax liability for the prime contracting project(s) referenced in the Certificate will legally be the prime contractor for such project(s). However, in some instances such entity may not legally be the prime contractor for such project(s). If an entity is not the prime contractor for such project(s), the Certificate will nevertheless be effective and will subject such entity to the transaction privilege tax liability of the entity receiving the certificate.



# Arizona Form 5000

# **Transaction Privilege Tax Exemption Certificate**

- Do not use Form 5000 to claim sale for resale. Use Form 5000A.
- Do not use Form 5000 if you are a non-TPT licensed contractor. Use Form 5000M.

This Certificate is prescribed by the Department of Revenue pursuant to A.R.S. § 42-5009. The purpose of the Certificate is to document and establish a basis for state and city tax deductions or exemptions. It is to be filled out completely by the purchaser and furnished to the vendor at the time of the sale. The vendor shall retain this Certificate for single transactions or for the specified period as indicated below. Incomplete Certificates are not considered to be accepted in good faith. Only one category of exemption may be claimed on a Certificate.

A. Purchaser's Name and Address:	B. Check Applicable Box:				
Name	_				
	Single Transaction Certificate				
Address					
City State ZIP Code	You must choose specific dates for which the certificate will be valid. You are encouraged not to exceed a 12 month period. However, a certificate will be				
Vendor's Name	considered to be accepted in good faith for a period not to exceed 48 months if the vendor has documentation the TPT license is valid for each calendar year covered in the certificate.)				
C. Choose one transaction type per Certificate:					
☐ Transactions with a Business	☐ Transactions with Native Americans, Native American Businesses and Tribal Governments (See reason #12.)				
Arizona Transaction Privilege Tax (TPT) License Number	Tribal Business License Number OR Tribal Number				
SSN / EIN	Name of Tribe Tribal Government				
Other Tax License Number	☐ Transactions with a U.S. Government entity (See reasons #9 and #10.)				
If no license, provide reason:	☐ Transaction with a Foreign Diplomat (See reason #13.)				
Precise Nature of Purchaser's Business					
D. Reason for Exemption:					
authority for another exemption (deduction). Refer	nptions provided below, or use Box 14 or 15 to cite the appropriate to <a href="https://www.azdor.gov/Forms/TransactionPrivilegeTax.aspx">www.azdor.gov/Forms/TransactionPrivilegeTax.aspx</a> for a nd the business classes (codes) under which the deductions apply.				
2. Tangible personal property to be incorporated into a taxable contracting project, or a maintenance, repair, replacement or alteration project.					
☐ 3. Food, drink, or condiments purchased by a restaurant b	ousiness.				
4. Pipes or valves four inches in diameter or greater to be used for transportation of oil, natural gas, artificial gas, water or coal slurry.					
5. Railroad rolling stock, rails, ties, and signal control equip					
6. Machinery or equipment used directly in the following by					
	lob printing.   Refining or metallurgical operations.				
<ul><li>☐ Extraction of ores or minerals from the earth for com</li><li>☐ Extraction of, or drilling for, oil or gas from the earth for com</li></ul>					
7. Other income producing capital assets. (Cities only.)	ior commercial purposes.				
8. Food, drink or condiments for consumption within the p state department of corrections, the department of public	remises of any prison, jail or other institution under the jurisdiction of the ic safety, the department of juvenile corrections or a county sheriff. Food, I district for consumption at a public school within the district during school				
<ul> <li>Tangible personal property sold or leased directly to the United States Government or its departments or agencies by a manufacture modifier, assembler or repairer. (Retail, personal property rental and mining classifications only.)</li> </ul>					
□10. Fifty percent of the gross proceeds or gross income from the sale of tangible personal property directly to the United Stat Government or its departments or agencies. (Retail classification only.)					

Your Name (as shown on page 1)	Arizona Transaction Privilege Tax License Number				
<ul> <li>□ 11. Electricity, natural gas or liquefied petroleum gas sold to a qualified manufacturing or smelting business. A manufacturing or smelting business that claims this exemption authorizes the release by the vendor of the information required to be provided to the Department of Revenue pursuant to A.R.S. §42-5063(C)(6). (Utilities classification only.)</li> <li>□ 12. Sale or lease of tangible personal property to affiliated Native Americans if the solicitation for sale, signing of the contract, delivery of the goods and payment for the goods all occur on the reservation.</li> <li>NOTE: The vendor shall retain adequate documentation to substantiate the transaction.</li> </ul>					
☐ 13. Foreign diplomat. <b>NOTE:</b> Limited to authorization on the U.S. Exemption Card. The vendor shall retain a copy of the U.S. Department Card and any other documentation issued by the U.S. Department of leases must be pre-authorized by the Office of Foreign Missions ("Gat www.state.gov/ofm/tax/	nent of State Diplomatic Tax Exemption of State. Motor vehicle purchases or				
☐ 14.*Other Deduction: Cite the Arizona Revised Statutes authority for the deduction. A Description:	A.R.S. §				
☐ 15.*Other Cities Deduction: Cite the Model City Tax Code authority for the deduction.  Description:	M.C.T.C §				
*Refer to www.azdor.gov/TransactionPrivilegeTax(TPT)/RatesandDeductionCodes.a exemptions (deductions) and the business classes (codes) under which the deduction					
E. Describe the tangible personal property or service purchased or leased (Use additional pages if needed.)	d and its use below.				
F. Certification					
A vendor that has reason to believe that this Certificate is not accurate or comp proving entitlement to the exemption. A vendor that accepts a Certificate in good fa and the purchaser may be required to establish the accuracy of the claimed exem the accuracy and completeness of the information provided in the Certificate, the purchaser to privilege tax, penalty and interest which the vendor would have be accepted the Certificate. Misuse of this Certificate will subject the purchaser to pay to any tax, penalty or interest. Willful misuse of this Certificate will subject the purchaser to A.R.S. § 42-1127(B).	aith will be relieved of the burden of proof nption. If the purchaser cannot establish burchaser is liable for an amount equal to seen required to pay if the vendor had not ment of the A.R.S. § 42-5009 amount equal				
I, (print full name), he exempt from Arizona transaction privilege tax and that the information on this Confurther, if purchasing or leasing as an agent or officer, I certify that I am authorize the purchaser named above.	ereby certify that these transactions are ertificate is true, accurate and complete. ed to execute this Certificate on behalf of				
SIGNATURE OF PURCHASER DATE TITL	Е				