



Leadership in Vibrating Process Equipment

Thank you for your interest and/or order in General Kinematics. In order to start your customer file, we request that you provide us with the following information so we can enter you in our system.

Customer Information Sheet* (attached)
Resale Certificate ** (attached)
Tax Exempt form (If Applicable)

*If you have a credit reference sheet, you may attach that, we just request that the information sheet be signed.

**Please note that the resale certificate attached is not for tax exemption. If you are tax exempt, please provide (in addition to the attached form) your exempt certificate.

It is necessary to receive all forms applicable in order to proceed. Pending receipt of this information, we can accept a credit card, wire or EFT/ACH prepayment for your current order. When received, the information will be processed within a 48 hour period. Once completed, your sales person or our credit department will be in touch with you with your approved credit limit and agreed upon payment terms.

Again, we thank you for your interest with General Kinematics and look forward to working with you.

Sincerely,

Mark Springer
CFO
General Kinematics
815-444-3501

mspringer@GeneralKinematics.com



Leadership in Vibrating Process Equipment

CONFIDENTIAL CUSTOMER INFORMATION SHEET

COMPANY INFORMATION

Company Name:

Phone:

Fax:

Address:

City:

State: IL

ZIP Code:

Country:

Website:

Email:

SIC Code:

DUNS #:

\$\$ Requirements

President:

Monthly:

Vice President:

Annually:

CFO:

BILLING INFORMATION

Inv Address:

City

State

Zip

Email for Invoicing:

AP Contact Name:

AP Phone:

BANK REFERENCE

Bank Name:

Account #:

Address:

Phone:

Fax:

Contact Name:

Email:

TRADE REFERENCES

Co.Name:

Co.Name:

Co.Name:

Address:

Address:

Address:

City, State, Zip:

City, State, Zip:

City, State, Zip:

Phone:

Phone:

Phone:

Fax:

Fax:

Fax:

A signature is required to authorize the release of your confidential information from the above bank and trade references to General Kinematics Corporation. The information provided on this sheet will be kept in the strictest of confidence and by no means be shared with other parties. This information sheet does not imply any credit terms. If applicable, terms will be established by our Credit Department and/or signed contract.

Signature:

Date

Printed Name:

Title:



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General Kinematics Remittance Information

Wire Transfer

Harris N.A.
111 W Monroe Street
Chicago, IL 60603
USA
Phone: 312-461-7435

US Funds Acct

Acct#: 267-141-0
ABA#: 071000288
Swift Code: HATRUS44

Canadian Funds Acct

Acct#: 0002-8827-827
Swift BIC Code: BOFMCAM2
Bank Info: Bank of Montreal
100 King Street West
Toronto, ON M5X 1A3

Mail

General Kinematics Corporation
P.O. Box 345
Crystal Lake, IL 60039
USA

Courier

General Kinematics Corporation
5050 Rickert Road
Crystal Lake, IL 60014
USA

Main Phone: 815-455-3222

Thank you for your cooperation and interest in our company

Mark Springer – CFO

Email: mspringer@generalkinematics.com

Direct Phone: 815-444-3501 Direct Fax: 815-479-9409

UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2—4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: _____

Address: _____

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged as a registered

☐ Wholesaler

☐ Retailer

☐ Manufacturer

☐ Seller (California)

☐ Lessor (see notes on pages 2—4)

☐ Other (Specify) _____

and is registered with the below-listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the Seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹		MO ¹⁶	
AR		NE ¹⁷	
AZ ²		NV	
CA ³		NJ	
CO ⁴		NM ^{4,18}	
CT ⁵		NC ¹⁹	
DC ⁶		ND	
FL ⁷		OH ²⁰	
GA ⁸		OK ²¹	
HI ^{4,9}		PA ²²	
ID		RI ²³	
IL ^{4,10}		SC	
IA		SD ²⁴	
KS		TN	
KY ¹¹		TX ²⁵	
ME ¹²		UT	
MD ¹³		VT	
MI ¹⁴		WA ²⁶	
MN ¹⁵		WI ²⁷	

I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by thee city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____

(Owner, Partner, or Corporate Officer)

Title: _____

Date: _____