



**WATERLOO  
HEALTHCARE**

Better Carts for Better Outcomes

# NEW ACCOUNT INFORMATION FORM

Fill out & send back to [ar@2mfg.com](mailto:ar@2mfg.com) or Fax to 602.437.2270

If you have any questions, please call us at 1.800.833.4419

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 \_\_\_\_\_

Owner's Name \_\_\_\_\_

Credit Limit requested: \$ \_\_\_\_\_

Email address to send shipping confirmations \_\_\_\_\_

Fax/Email address to send invoicing \_\_\_\_\_

## TYPE OF BUSINESS:

☐ Distributor ☐ Hospital/Medical CTR ☐ Other

CA Sales Tax Exempt. # \_\_\_\_\_

MO Sales Tax Exempt. # \_\_\_\_\_

Years in Business \_\_\_\_\_

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 \_\_\_\_\_

Please Print Name \_\_\_\_\_ Title \_\_\_\_\_

## Where did you hear about Waterloo Healthcare? (Please list the name of the specific referral source)

Magazine Ad \_\_\_\_\_ Trade Show \_\_\_\_\_ Internet \_\_\_\_\_

Word of Mouth \_\_\_\_\_ 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 <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> 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.

**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.

Social security number									
				-				-	
or									
Employer identification number									
				-					

## 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.

**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](http://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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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
- 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.



## SUMMARY OF PAYMENT OPTIONS

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- 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

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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*)

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

### Mail Check (NEW STARTING MAY 2020)

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PO BOX 641078  
Dallas, TX 75264-1078

### Credit Card Payment (*3% Processing Fee Applies*)

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- Online credit card payment (*Invoices Only*): <http://www.waterloohealthcare.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](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. <b>Bergmann Precision, INC</b>	
2 Business name/disregarded entity name, if different from above <b>Waterloo Healthcare, LLC</b>	
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"/> 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 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) ► _____	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. <b>3730 E SOUTHERN AVE</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>PHOENIX, AZ 85040</b>	
7 List account number(s) here (optional)	

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**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

## 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 ►

11/21/19

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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- Form 1099-K (merchant card and third party network transactions)
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- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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# WATERLOO HEALTHCARE

Better Carts for Better Outcomes

## TERMS AND CONDITIONS

### PLACING YOUR ORDER

- Please fax your order to 602.437.2270 or email to [csr@waterloohealthcare.com](mailto:csr@waterloohealthcare.com).
- If a quote was provided prior to ordering, please reference the quote number on the order.
- You will need to have an account with Waterloo to place an order. If you do not have an account, please contact Customer Service at 1.800.833.4419.

### TERMS OF SALE

- Net 30 days for regular customers with approved credit. Other payment terms must be requested.
- Visa, MasterCard and American Express credit cards are accepted. Credit card processing fees may apply.

### PRICING

- Pricing is subject to change without notice and products are priced "each" unless otherwise noted. When calling our Customer Service Department please confirm your price listings are current.

### SHIPPING TERMS

- Our Standard shipping terms are F.O.B Phoenix, AZ or Nogales, 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.
- All orders that require a pallet will ship via common LTL carrier.

### RETURNED GOODS

- All returned goods must have an authorization number (RMA) assigned by our Customer Service Department.
- Returns must be requested within 30 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 when requesting an RMA.
- All returned goods must be sent prepaid. Any return that is not prepaid will be refused.
- Any cart with electronic or pushbutton locking systems, large or custom orders, carts that have been modified or tampered with as well as medication carts are subject to contract and are Non-Returnable.

### RESTOCKING CHARGE

- A restocking fee (25%) may be charged to your account for returned merchandise.
- If we shipped incorrect merchandise, there will be an exception to the policy. In this case, please call our Customer Service Department and report the incorrect shipment.

### STOCKING FEES

- Waterloo's warehouse is setup for manufacturing and not distribution storage. Stocking fees may apply if Waterloo is asked to store and hold carts that are ready for pick up.
- The stocking fee is \$25.00 per cart, per day and is subject to change without written notification.
- Waterloo will notify the customer if they are at risk of incurring stocking fees.



# WATERLOO HEALTHCARE

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## TERMS AND CONDITIONS

### DAMAGED OR MISSING GOODS CONT.

- All damages must be reported to WHC on the day the items are delivered.
- You have 15 days from the delivery date to report any missing items to WHC.
- If you receive a shipment via truck, inspect all cartons at the 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 if there is any damage, call 1-800-833-4419 as soon as possible. You should make note of all possible damages on Carrier's Delivery Receipt or Bill of Lading.
- You may be asked to take pictures of the damage to send to WHC to file a claim.
- Please save all boxes and packing materials to show that the items were packed properly.
- 3rd Party and Collect freight damages and lost items are the responsibility of the customer.

### PRODUCT WARRANTIES

- Waterloo Healthcare (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 5 (five) 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 and scratches are considered normal wear).
- Electronic (WIFI & NON-WIFI) components and plastic components 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 or Seller's invoice on any claims. The Seller will determine if 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.

## ADDITIONAL TERMS FOR INTERNATIONAL ORDERS

### PAYMENT

- The majority of international orders are cash in advance via wire or credit card
- Fees may or may not apply
- Cash against documents for orders over \$7,000.00 or irrevocable letter of credit at sight for orders over \$15,000.00 is available.

### EXPORT PACKING & DOCUMENTATION FEES

- Additional fees may be assessed to sales order to cover special packing requirements for export and additional documentation costs for customs clearance