



**ACCOUNT UPDATE/SET UP FORM**

**BILL TO INFORMATION**

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

Bill To Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Facility Type: (Circle One) Physician ASC Hospital Group Government/VA Other: \_\_\_\_\_

**SHIP TO INFORMATION**

Ship To Address: (If Different From Bill To Address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Do You Have A Shipping Preference: (Circle One) UPS FedEx DHL US Mail

**PAYMENT (ACCOUNTS PAYABLE-A/P) INFORMATION**

Person(s) Responsible For Payment Inquiries: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

Best Method Of Contact (Circle One): Telephone Fax E-mail Time of Day (Circle One) AM PM

Purchase Orders Required For Your Facility (circle one) Yes No Over What Amount? ( Fill In): \$ \_\_\_\_\_

Federal ID #: \_\_\_\_\_ Tax Exempt Certificate #: \_\_\_\_\_

**FAX APPROPRIATE DOCUMENTS**

Estimated Annual Purchases: \$ \_\_\_\_\_ .00

**IF REQUESTED FAX REFERENCES AND BANK INFORMATION WITH THIS FORM**

**PLEASE FILL OUT BELOW THE PAYMENT METHOD FOR YOUR ACCOUNT**

CREDIT CARD PAYMENT		TERMS & CONDITIONS OF ACCOUNT
Type of Card: (Circle One) AMEX Visa Master Card	Cardholder's Name: _____	All invoices are payable 30 days from date of invoice. We accept VISA, MasterCard, American Express, Check and Wire Transfer. Please refer to our website <a href="http://www.crestpointmgt.com">www.crestpointmgt.com</a> for terms and conditions, or contact Accounts Payable (314) 849-7773.
Card #:	Corporation Name: _____	
Expiration Date:     /     /	Security Code: _____ <small>(Visa and Master Card 3 digits Located on back. Amex 4 digits located on front.)</small>	
As the credit card holder, I also authorize Crestpoint Management to run my credit card upon orders shipping against this account.		I hereby certify that the information provided by me is true and accurate and have authority to set up an account for facility listed above.
Name: _____		
Title: _____		
Date:     /     /10		Date:     /     /10

**GENERAL INFORMATION**

**WE APPRECIATE IF YOU COMPLETE THIS SECTION, IT HELPS TO BETTER SERVE YOUR FACILITY**

Person To Contact About Products: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**CRESTPOINT MANAGEMENT LTD**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only **one** of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
**Note.** 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.  
 Other (see instructions) ▶ \_\_\_\_\_

C Corporation     S Corporation     Partnership     Trust/estate

**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) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.)  
**9100 WATSON ROAD**

**6** City, state, and ZIP code  
**ST. LOUIS, MO 63126**

**7** List account number(s) here (optional)

Requester's name and address (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									
2	6		-	1	3	7	5	1	8

**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 ▶ *Cheryl Pappas*    Date ▶ *August 19, 2015*

**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.