



AFFILIATED RESOURCES, LLC

PROVIDING SOLUTIONS

Credit Agreement

Legal Name of Company

D/B/A's or Tradename(s)

Company is a: Corporation Partnership Sole Proprietorship LLC State of Origin
 Addresses
 Mailing
 Street

Business Phone Billing Fax or email Cell Phone
 Type of Business Years in business
 Accounts Payable Contact Phone #

Federal ID Number Sales Tax Exempt? Yes No **If Yes, attach Resale Certificate**
 Please provide A completed copy of your W9 with the Credit Agreement

Information on Principals

For Proprietorships or Partnerships, list all Owners and/or Partners
 For Corporations or LLC's, list all Officers, Directors, Members & Majority Stockholders

Name	Home Address	Phone	Position
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Bank Reference

Bank Name	Account #
Contact	Phone #
Email	

Trade References

Company Name	Contact or Account #	Email	Phone	FAX
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Safety Data Sheets and California Prop 65 notices and warnings can be found at: www.affiliatedresources.net/downloads

The representations provided in this Application are complete and accurate. I understand the information provided will be relied upon for the evaluation and extension of credit terms. I understand the Seller, Affiliated Resources, LLC (ARI), will obtain Business Credit Reports from time to time at their sole discretion. If credit is granted, all decisions regarding the extension or continuation of credit and modification of terms at any time are at ARI's sole discretion. No terms or conditions of purchase orders that are different from ARI's terms as stated on the invoice will become part of a sales agreement, purchase order or other document unless specifically approved in writing by ARI. All sales are subject to the ARI Order Acknowledgement Terms and Conditions set forth at www.affiliatedresources.net/downloads. The failure to pay on the due date of each invoice shall deem the debt to be delinquent. ARI may impose a service charge of 1-1/2% per month (18%) per annum if an invoice is over 30 (thirty) days past due calculated from the due date of the original invoice. In the event of a delinquency, all collection expenses, including collection agency fees and costs, and attorney fees and costs in connection with the collection of the delinquent debt shall be due and payable by the Applicant. ARI does not waive the right to require all timely future payments by accepting one or more late payments. The Applicant agrees that all funds owed to ARI from anyone or received by Applicant relating to materials supplied by ARI shall be held in trust for the benefit of ARI, to the extent that sums are justly due to ARI under this agreement. The applicant may commingle funds, but agrees it has no interest in Trust Funds held by anyone and to promptly account for and pay to ARI all such Trust Funds. The applicant agrees to furnish ARI in a timely manner all information requested by ARI for preparation and service of preliminary notices and/or mechanics liens under the mechanics lien laws, if applicable. If any clause or portion of this application is deemed by a court or statute to be invalid, the remainder of the application/contract shall remain in full force and effect. The interpretation of this agreement shall be subject to the laws of the State of Oregon, and any necessary legal action shall be brought forth in Multnomah County, Oregon. This account is not for personal, household or family use. I authorize the release of information by creditors listed above as well as other suppliers.

Signature

Date

Printed Name of Signer

Title

5 CENTERPOINTE DRIVE SUITE 530 LAKE OSWEGO, OR 97035 503.228.3802 FAX 503.228.9829
www.affiliatedresources.net



**AFFILIATED
RESOURCES**
PROVIDING SOLUTIONS

5 Centerpointe Drive, Suite 530, Lake Oswego OR 97035

Office: 503-228-3802 | Fax: 503-228-9829
admin@mailari.com

Forest City Trading Group | Birmingham Int'l Forest Products | FCTG Structured Products LLC | Olympic Industries | American Int'l Forest Products LLC |
Buckeye Pacific LLC | Buckeye Mats LLC | Plateau Forest Products LLC | Richmond Int'l Forest Products LLC | Seaboard Int'l Forest Products LLC |
Southern Mississippi Trading LLC | Tampa Int'l Forest Products LLC | Viking Forest Products LLC | Gopher Mats LLC | Cascade Resources LLC

AUTHORIZATION FOR RELEASE OF CREDIT & BANK INFORMATION

DATE _____

LENDER BANK

Bank Name: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____ Fax: _____

Line of Credit Acct #: _____ Loan Acct #: _____

Savings Acct #: _____ Checking Acct #: _____

The undersigned hereby authorizes the financial institution indicated above to release of account(s) and other financial information to Affiliated Resources LLC and its' Subsidiaries, for the purpose of establishing and/or updating credit information. Information released may include depository account history, line of credit limit and loan balance, excess availability and covenant compliance. This Authorization shall be continuing in nature and may be used periodically to obtain updated information.

Name of Company (Print or type)

X _____
Signature

Title (MUST BE AUTHORIZED SIGNER ON ACCOUNTS)

Authorized signer email address

Please return completed authorization to admin@mailari.com or fax 503 -228-9829

September 1, 2021

Instructions for Payment Electronic Funds Transfer/ACH

For those customers who prefer to pay via electronic funds transfer, here is the information you will need to set up wire transfers and ACH payments:

**WELLS FARGO BANK, NA
1300 SW Fifth Ave
13th Floor
Portland, OR 97201**

**Beneficiary: Affiliated Resources LLC
ACH Routing: 121000248
Acct#: 4754940302
Swift # WFBIUS6S**

Please email a remittance notice to admin@mailari.com to let us know which invoices have been paid.

Sincerely,
Kelly Rykken
Controller
Affiliated Resources, LLC.

Request for Taxpayer Identification Number and Certification

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

► Go to 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 one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: 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.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ► _____	<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:

- 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 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.

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.

UNIFORM SALES & USE TAX RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales/use tax, subject to the instructions and notes on pages 2–6. The issuing Buyer and the recipient Seller 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. This form was revised as of February 4, 2022.

Issued to Seller: _____

Address: _____

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged or is registered as a

Wholesaler

Retailer

Manufacturer

Seller

Lessor (see notes on pages 2–4)

Other (Specify) _____

and is registered for sales/use tax with the below-listed states and cities within which Seller would deliver purchases to Buyer and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. Buyer is in the business of wholesaling, retailing, manufacturing, leasing (renting), or selling 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		NE	
AR		NV ¹⁹	
AZ ²		NJ	
CA ³		NM ^{4,20}	
CO ^{4,5}		NC ²¹	
CT ⁶		ND	
FL ⁷		OH ²²	
GA ⁸		OK ²³	
HI ^{4,9}		PA ²⁴	
ID ¹⁰		RI ²⁵	
IL ^{4,11}		SC	
IA		SD ²⁶	
KS ¹²		TN ²⁷	
KY ¹³		TX ²⁸	
ME ¹⁴		UT	
MD ¹⁵		VT ²⁹	
MI ¹⁶		WA ³⁰	
MN ¹⁷		WI ³¹	
MO ¹⁸			

I further certify that if any property or service so purchased tax-free is used or consumed by Buyer so as to make it subject to sales/use tax, Buyer 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 Buyer may hereafter give to Seller, unless otherwise specified, and shall be valid until canceled by Buyer in writing or revoked by the 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, or other authorized signer of Buyer)

Title: _____

Date: _____