



TRADEBE

TRADEBE ENVIRONMENTAL SERVICES EMERGENCY RESPONSE FIELD CONTRACT

JOB # _____ DATE 1-8-21
The undersigned Mayor Steve Allen of Town of Ashland City
(Name) (Address)

("Client"), for and in consideration of the contract of Tradebe Environmental Services, to undertake the work specified hereunder, stipulates and agrees:

1. **Scope of Work.** The work to be performed is:

2. Tradebe Environmental Services shall have no obligation to provide any services, supplies or materials other than those necessary to complete this work as specified.
3. **Payment.** Client acknowledges receipt of the Emergency Response Rate Sheet and agrees to pay Tradebe Environmental Services in accordance with the rates specified therein for all personnel, time, and equipment usage for the work to be performed as set forth above and for all work reasonably incident thereto, including any tasks required by any applicable law, regulation, or directive of a regulatory official, or requested by Client. Payment shall be due and payable at the offices of Tradebe Environmental Services within thirty (30) days of invoice. Tradebe Environmental Services may, at its option, submit interim invoices or may invoice only at the conclusion of the work. Client stipulates and agrees to submit to the jurisdiction of the Lake County, Indiana, as the sole and exclusive venue for any litigation between the parties. Tradebe Environmental Services shall be entitled to recover prejudgment interest at the highest rate allowed by law, plus its attorney's fees and other expenses in any action to recover fees or charges owed by Client pursuant to this contract.
4. This contract sets forth the entire understanding of the parties. Client has no expectation of Tradebe Environmental Services not expressly set forth herein and has not relied upon and will not rely upon any representation, advice or understanding not set forth herein or specified in a subsequent written contract.
5. Tradebe Environmental Services makes no representation or warranty that the work done hereunder will satisfy, limit, or reduce Client's or, if Client is an insurance company, Client's insured's liability or responsibility to any third party, public or private. Client shall defend, indemnify, and hold Tradebe Environmental Services harmless against all claims of third parties relating to any environmental condition or remediation work to which this contract relates.

NON-HAZARDOUS WASTE AUTHORITY

The undersigned authorizes personnel of Tradebe Environmental Services to sign profiles and Non-Hazardous Waste manifests for disposal that would be associated with or pertaining to this Emergency Response Field Contract.

Company Name: Town of Ashland City Mailing Address: 101 Court Street
Phone Number: 615-792-4211 City: Ashland City
P.O. Number: _____ State: TN Zip: 37015
(if applicable): _____

CONTRACT SUBMITTED BY:

X _____
Tradebe Environmental Services

(Print Name)

TERMS ACCEPTED AS OF THE DATE SPECIFIED ABOVE:

X Steve D. Allen
Client
STEVE D. ALLEN
(Print Name)



TRADEBE

Environmental Services, LLC TM

CREDIT APPLICATION

Tradebe Sales Representative: Rich Pingston Today's Date: 1-8-21

Location Information

Name of Business: <u>Town of Ashland City</u>		Date Established
Address of Business (Street, City, State, & Zip): <u>101 Court Street</u>		
Billing Address (Street, City, State, & Zip):		
Phone Number <u>615-792-4211</u>	Fax Number <u>615-792-3501</u>	EPA ID #
Accounts Payable Contact Name <u>Jamie Winslett</u>		Accounts Payable Phone Number <u>615-792-4211 ext 5242</u>
Accounts Payable Email Address <u>accounts payable @ ashland city tn.gov</u>		
Is a P O Required?	Yes	<input checked="" type="radio"/> No

Business Information

Federal Tax ID Number <u>62-6000239</u>	Tax Exempt Number (Attach Copy of Form)	
Dun & Bradstreet Number	Corporation/Partnership/Sole Proprietorship	Credit Line Requested (\$)
Names of Company Officers/Partners/ or Owner		Title
1)		
2)		
3)		

Bank Reference

Bank Name <u>Pinnacle</u>	Phone Number	Fax Number
Address (Street, City, State, & Zip)		
Contact Name	Account Number	

Trade References

Name	Address	Phone	Fax
1)			
2)			
3)			

The information and statements in this application are true and complete. They are made to establish an open account with Tradebe Environmental Services, LLC. The undersigned hereby agrees for the applicant, the principals of the applicant and also personally and individually that (1) All purchases will be paid for by the applicant and/or its officers and owners listed above; (2) Payment terms shall be Net 30 days and that any payments not made within 30 days of invoiced date shall bear an interest rate of 1.5% per month (18% per year) from the due date until paid in full; and (3) In the event of default in payment of any amount due hereunder and if this account is placed with an agency or attorney for collection or legal action, to pay an additional sum equal to collection costs, attorney's fees, court costs and all such other costs as may be incurred and permitted under the laws governing these transactions. This agreement shall be construed and enforced under Indiana law and the jurisdiction/venue for an action relating to any matter between Tradebe Environmental Services, LLC and applicant shall be in Lake County, Indiana. The undersigned authorizes and releases all banks, persons and companies listed on this application to furnish information and authorizes the checking of credit.

By:

Maile Bowman Financial Director
Signature & Title of Authorized Agent of Company

1-8-21

Date

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.

Name (as shown on your income tax return)
Town of Ashland City

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
☒ Other (see instructions) ▶ **Government**

Exemptions (see instructions):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)

Address (number, street, and apt. or suite no.)
101 Court Street
City, state, and ZIP code
Ashland City, TN 37015

Requester's name and address (optional)

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 the "Name" line to avoid backup withholding. For individuals, this is 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 chart on page 4 for guidelines on whose number to enter.

Social security number								
			-					

Employer identification number									
6	2	-	6	0	0	0	2	3	9

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 ▶ *William Reed*

Date ▶ *01-08-2020*

General Instructions

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

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

TENNESSEE SALES OR USE TAX
GOVERNMENT CERTIFICATE OF EXEMPTION

TO: Vendor's Name TRADE BE Environmental Services LLC
Vendor's Address 1433 E. 83RD Ave Suite 200 Merrillville, IN 46410

The undersigned hereby certifies that the purchases of tangible personal property or services being made on this certificate of exemption are being made by the State of Tennessee, or a county or municipality within the State of Tennessee, or the Federal Government, or an agency thereof and are for the use of the government or agency.

The undersigned further certifies that the said government or agency is making the purchase direct from the above named vendor, will obtain title or has title to the property immediately when it is delivered, and will use public funds to pay directly to the above named vendor for the tangible personal property or services obtained upon this certificate of exemption.

Name of government or agency

Town of Ashland City

Date:

01-08-2020

Signed:

J. K. Miller Reed

Title:

CMFO / City Recorder