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**Please complete the following steps to begin the application process for a purchase on credit with MedicalCodingBooks.com:**

- 1. Complete the included Purchase Order Agreement**
- 2. Complete the included W-9 Form**
- 3. Fill out the included Order Form for your purchase**
- 4. Once completely filled out, fax the above documents to (916) 788-0339**

To navigate to each section, click on the links above, or use the bookmark tabs on the left side of this document.

**Once your application is received it will be reviewed.  
We will respond within 2 business days.**

If you have further questions about the application process, please call (866) 900-8300.



**PURCHASE ORDER AGREEMENT**

**Business Information**

Company:	What type of business is your company, and when was it established / founded?	
Attention:	Bus. Type:	
Address 1:	Established:	
Address 2:		
City:		
State:	ZIP Code:	Preferred method of contact:
Email:	1.) Email	
Phone:	2.) Phone	
Fax:	3.) Fax	

\* If your business has been located at the above address for less than 2 years, please provide the previous address.

Address:

City:

State:                      ZIP Code:

**References**

Name:	Name:	
Address:	Address:	
City:	City:	
State:	ZIP Code:	State:                      ZIP Code:
Phone:	Phone:	

**Bank Reference**

Bank Name:	Attention:
Address:	Phone:
City:	Account #:
State:	ZIP Code:

By signing this agreement, said business promises to pay in full the total of each purchase within 30 days of the purchase date. For every 30 days that a payment is late, a 20% charge of the balance owed will be assessed as a late fee. All late fees will be added to the existing balance. Said business gives permission to contact all references listed.

In the event that a third party is employed to collect any outstanding debt said business agrees to pay collection costs, and all attorney fees, if applicable.

Print Name:	Print Name:
Signature:	Signature:
Job Title:	Job Title:

# 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.

<b>Print or type.</b>	<b>See Specific Instructions on page 3.</b>	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><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</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><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 <b>not</b> 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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

## 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.

<b>Social security number</b>								
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<b>or</b>								
<b>Employer identification number</b>								
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## 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.

<b>Sign Here</b>	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](http://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-DIV (dividends or distributions)

- 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.*



**ORDER FORM**

**Ordered By**

Name:

Company:

Phone:

Email:

**Payment Method**

1.) Check / Money Order

2.) Purchase Order #:

3.) Credit Card #:

Name on Credit Card:

Card Type: Exp. Date:

**Billing Address**

Attention:

Company:

Address 1:

Address 2:

City:

State: ZIP Code:

**Shipping Address**

Attention:

Company:

Address 1:

Address 2:

City:

State: ZIP Code:

Addresses are the same.

Item #	Product Description	Quantity	Total Cost

California state residents please include 8.25% sales tax with your order. Shipping is not taxable.	<b>Order Subtotal</b>	
	<b>Tax</b>	

**Shipping Method**

Shipping is based on total items purchased. For standard ground shipments, the first item is \$9.99, and **each** additional **item is** \$6.99. If you prefer, orders can be shipped priority service anywhere in the U.S. Second day is \$25.00, and **each** additional **item is** \$15.00. Orders ship within 48 hours of approval, and you will receive an email confirmation once your order has shipped. Please calculate your shipping cost below.

For customers paying by check, your order will be expedited as soon as funds are verified. For personal checks, please include your driver's license number, state it was issued in, and date of birth on check.	<b>Shipping</b>	
	<b>Order Total</b>	

Please make checks payable to Medicalcodingbooks.com. Thank you for your order.

Check #:	Order #:	<b>&lt; For Office Use Only</b>
Date:	Date:	