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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

Business Name: _____ Business Type: _____
 Address: _____ Date Established: _____
 City: _____
 State: _____ ZIP: _____ Preferred method of contact:
 Phone Number: _____ Phone
 Fax Number: _____ 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: _____

References

Name: _____ Name: _____
 Address: _____ Address: _____
 City: _____ City: _____
 State: _____ ZIP: _____ State: _____ ZIP: _____
 Phone Number: _____ Phone Number: _____

Bank Reference

Bank Name: _____ Contact Name: _____
 Address: _____ Phone Number: _____
 City: _____ Account #: _____
 State: _____ ZIP: _____

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.

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code		
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. 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.

Social security number								
or								
Employer identification number								

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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. person (including a U.S. resident alien).

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 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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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, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If 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.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.



ORDER FORM

Ordered By

Payment Method

Name: _____
Company Name: _____
Phone Number: _____
Email Address: _____

Check / Money Order
Credit Card #: _____
Name on Card: _____
Card Type: _____ Exp Date: _____
Purchase Order #: _____

Billing Address

Shipping Address

Attn: _____
Company Name: _____
Street: _____
City: _____
State: _____ ZIP: _____

Attn: _____
Company Name: _____
Street: _____
City: _____
State: _____ ZIP: _____

Billing and shipping address are the same.

Item #	Product Description	Quantity	Total Cost

California state residents please calculate and include 8.25% sales tax with your order. Shipping is not taxable.

Order Subtotal
Tax

Shipping Method
Shipping is based on total items purchased. For standard ground shipments, the first item is \$7.49, and **each** additional **item** is \$4.99. If you prefer, orders can be shipped next day or second day delivery anywhere in the U.S. Second day is \$18.00, and **each** additional **item** is \$15.00. Next day is \$30.00, and **each** additional **item** is \$25.00. 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. Please indicate your driver's license number, state it was issued in, and date of birth on check.

Shipping
Order Total

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

Check #:	Order #:	< For Office Use Only
Date:	Date:	