



*Industrial Electronic & Electrical Components & Control Products*  
*Engineered Systems / On-site & Depot Repair Service*

1001 East Lincoln  
Madison Heights, MI 48071  
Phone (248) 542-9090  
Repair Fax (248) 542-2643  
Customer Service Fax (248) 542-8031  
[www.galco.com](http://www.galco.com)

### Contacts

| <u>Contact:</u>        | <u>Name</u>                 | <u>Phone Extension</u> | <u>Email Address</u>   |
|------------------------|-----------------------------|------------------------|--|
| Quality Manager        | Holly Barber                | 4525                   | <a href="mailto:hbarber@galco.com">hbarber@galco.com</a>             |
| Accounts Receivable    | Sejla Jakupovic             | 4534                   | <a href="mailto:creditmanager@galco.com">creditmanager@galco.com</a> |
| Sales/Customer Service | Representatives standing by | 5411                   | <a href="mailto:sales@galco.com">sales@galco.com</a>                 |

### Company Information

**Year established:** 1975  
**Ownership:** Privately Held C-Corporation. We are not a Small Business, Not disadvantaged, Not minority or woman owned, Non-union  
**NAICS Code:** 423690 - Other Electronic Parts and Equipment Merchant Wholesalers  
**Employees:** Approximately 140  
**Payment Terms:** Subject to credit approval. Please contact Customer Service for details.  
**Tax Information:** TaxID#:B38-2178619, Tax Rate: 6%, Tax Authority: Mich., Status: Exempt, No 1099 Required  
**CAGE Code** 0ABG8  
**Dunn & Bradstreet #:** 01-086-9477

### Quality System

ISO 9001:2008 Compliant

NOTE: Because Galco is not a manufacturer, we do not plan to obtain a QS9000, TS16949 or ISO14000 certification.

### Products / Services

**Industrial Electrical & Electronic Control Product & Components:** Galco is a distributor for over 150 product lines, which are maintained in our extensive inventory and available for immediate delivery. Galco specializes in serving the plant floor automation customer and the electrical control and equipment builder. Please visit our web site or contact our customer service department for price and availability.

**Industrial Electronic Repair:** Galco's factory-trained technicians repair over 30,000 different product for more than 2,000 manufacturers, with complete dynamic testing in addition to component level testing on all repairs. On-site service is also available. Please visit our web site to view our Repair Capabilities Manual or contact our customer service department to request a printed copy.

**Engineering Services:** Galco's Engineering Department offers complete turnkey electronic control solutions from specification to start-up. Galco specializes in position, speed, torque and velocity control, CNC retrofits and dynamometer/component test stand applications.

**Terms and Conditions:** Galco's Terms and Conditions apply to all purchases and supercede terms and conditions specified on all purchase orders issued to Galco unless otherwise acknowledged and accepted in writing. Visit [www.galco.com](http://www.galco.com) to view Galco's Terms and Conditions or call our customer service department to request a printed copy.

**Customer Visits:** Galco encourages customers to visit and tour our facility. To better assist you, we ask that you make an appointment with a Galco representative.

Holly Barber, Quality Manager



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/14/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |  |
|---|--|
| <b>PRODUCER</b><br>Marsh & McLennan Agency LLC<br>15415 Middlebelt Road<br>Livonia MI 48154   | <b>CONTACT NAME:</b> Jessica Prather, AU, AINS<br><b>PHONE (A/C, No, Ext):</b> 734-525-2415<br><b>E-MAIL ADDRESS:</b> jprather@mma-mi.com<br><b>FAX (A/C, No):</b> 212-607-1189  |
| <b>INSURED</b><br>Galco Industrial Electronics, Inc. GII Holding II Corp, GII Holding I Corp, GII Holding III Corp, HVAC-Controls.Com, LLC, FS Galco Parent Corp, LSC Holdings, Inc. FS Galco Holding Corp<br>26010 Pinehurst Dr. | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Citizens Insurance Company of America<br><b>INSURER B:</b> Allmerica Financial Benefit Insurance<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |
| <b>ADDITIONAL INSURED</b><br>GALCOINDUS2  | <b>NAIC #</b><br>31534<br>41840  |

**COVERAGES****CERTIFICATE NUMBER:** 723642186**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD                       | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|---------------------------------|----------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |                                 |          | Z7BH057442    | 9/30/2020               | 9/30/2021               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  |                                 |          | AWBH057490    | 9/30/2020               | 9/30/2021               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$ 1,000,000<br>\$   |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |                                 |          | U7BH057443    | 9/30/2020               | 9/30/2021               | EACH OCCURRENCE \$ 11,000,000<br>AGGREGATE \$ 11,000,000<br>\$  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input type="checkbox"/> | N/A      | W7BD943936    | 9/30/2020               | 9/30/2021               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

For Informational Purposes Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# ***GALCO***<sup>®</sup>

## *ISO Compliant*

*Galco*

*1001 E. Lincoln Avenue, Madison Heights, MI 48071 United States*

*(Hereinafter called the Organization) and hereby declares that  
Organization is in conformance with:*

***ISO 9001:2008***

*This Certification is in respect to the following scope:*

*Supplier of Plant Floor Industrial Electronics and Electrical  
Automation and Control Products, Repair Services  
and the Development of Engineered Systems*

*This certificate is deemed sufficient to the system rules governing the compliance referred to above, and  
the Organization hereby covenants with the assessment body duty to observe and comply with the said rules.*

### ***GALCO***

1001 E. Lincoln Avenue  
Madison Heights, MI 48071  
800-521-1615

*The validity of this certificate is dependent upon ongoing monitoring procedures.*

*Effective Date: September 3, 2020  
Expiration Date: September 2, 2023*

*Certificate No: C051717*



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## **CREDIT REFERENCES**

### **YASAKWA ELECTRIC AMERICA, INC.**

2121 Norman Drive South  
Waukegan, IL 60085  
Phone: 847-887-7457  
Fax: 847-785-2702  
AR Contact: Nanci Hogue  
[Nanci\\_Hogue@Yaskawa.com](mailto:Nanci_Hogue@Yaskawa.com)

### **IDEC CORP.**

1175 Elko Drive  
Sunnyvale, CA 94089-2209  
Phone: 408-747-0550  
Fax: 408-744-9055  
AR Contact: Apollo  
[Apollo@idec.com](mailto:Apollo@idec.com)

### **PILZ INC.**

7150 Commerce Blvd.  
Canton, MI 48187  
Phone: 734-354-0272  
Fax: 734-354-3355  
AR Contact: Linda Fischer  
[L.fischer@pilzusa.com](mailto:L.fischer@pilzusa.com)

### **EBM INDUSTRIES**

110 Hyde Road  
Farmington, CT 06034  
Phone: 860-674-1515  
Fax: 860-674-8536  
AR Contact: Pat Pavelec  
[Patricia.pavelec@us.ebmpapst.com](mailto:Patricia.pavelec@us.ebmpapst.com)

## **FINANCIAL REFERENCE**

### **HUNTINGTON NATIONAL BANK**

2 Towne Square 6<sup>th</sup> Floor  
SOU607  
Southfield, MI 48076  
[www.bankvot.com](http://www.bankvot.com)

**Tax ID:** 38-2178619  
**D&B :** 01-086-9477  
**D&B Rating:** 3A2  
**NAICS Number:** 423610  
**SIC Codes:** 5065, 7629, 3625

**Accounts Payable Contact:** Jackie Petrosky, AP Specialist  
248-366-4543  
[jpetrosky@galco.com](mailto:jpetrosky@galco.com)

**Please send all invoices to:** [apinvoices@galco.com](mailto:apinvoices@galco.com)

**Purchasing Contact:** Lori Bault, Purchasing Supervisor  
855-388-9492 Ext. 5598  
[lbault@galco.com](mailto:lbault@galco.com)

AJ Liberacki, Senior Buyer  
248-336-4585  
[aliberacki@galco.com](mailto:aliberacki@galco.com)

**Preferred Shipping Method:** UPS Collect Acct # 415570





*Industrial Electronic & Electrical Components & Control Products  
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## **SUPPLIER ACH/EFT/WIRE PROFILE**

### COMPANY INFORMATION

**COMPANY NAME:** GALCO INDUSTRIAL ELECTRONICS, INC.  
**FEIN:** 38-2178619  
**COMPANY ADDRESS:** 26010 PINEHURST DR.  
MADISON HEIGHTS, MI 48071  
**REMIT-TO ADDRESS:** GALCO INDUSTRIAL ELECTRONICS  
L-4061  
COLUMBUS, OH 43260-4061

### BANKING INFORMATION

**BANK NAME:** HUNTINGTON NATIONAL BANK  
2 TOWNE SQUARE, 6<sup>TH</sup> FLOOR SOU607  
SOUTHFIELD, MI 48076  
(248) 244-3529  
**ROUTING NUMBER:** 072403473  
**ACCOUNT NUMBER:** 01381988442  
**WIRE PAYMENTS:** HUNTINGTON BANK  
41 SOUTH HIGH ST.  
COLUMBUS, OH 43215  
**ROUTING NUMBER:** 044000024  
**ACCOUNT NUMBER:** 01381988442  
**SWIFT ID:** HUNTUS33 (SWIFT CODE IS EQUAL TO AN IBAN CODE)

### A/R CONTACT RESOURCE

**EMAIL ADDRESS:** [CREDITMANAGER@GALCO.COM](mailto:CREDITMANAGER@GALCO.COM)  
**CONTACT NAME:** SEJLA JAKUPOVIC  
**TITLE:** CREDIT MANAGER  
**PHONE:** 248-542-9090 – EXT 5560

**PLEASE INCLUDE ORDER NUMBER ON YOUR REMITTANCE**

## 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.

|  |   |   |
|--|---|---|
| Print or type.<br>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.<br><b>Galco Industrial Electronics, Inc.</b>  |   |
|  | 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 <b>one</b> of the following seven boxes.<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input checked="" type="checkbox"/> C Corporation<br><input type="checkbox"/> S Corporation<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Trust/estate<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►<br><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.<br><input type="checkbox"/> Other (see instructions) ► |   |
|  | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) <b>5</b><br>Exemption from FATCA reporting code (if any)<br>(Applies to accounts maintained outside the U.S.)   |   |
|  | 5 Address (number, street, and apt. or suite no.) See instructions.<br><b>1001 E Lincoln (See Separate Payment Remittance Address - Attached)</b>   | Requester's name and address (optional) |
|  | 6 City, state, and ZIP code<br><b>Madison Heights, MI, 48071</b>  |   |
|  | 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 |   |  |   |   |   |   |   |       |
| 3                              | 8 |  | - | 2 | 1 | 7 | 8 | 6 1 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 for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Date ► **7-28-21**

### 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-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 December 9, 2020.

Issued to Seller: \_\_\_\_\_

Address: \_\_\_\_\_

I certify that:

Name of Firm (Buyer): GALCO INDUSTRIAL ELECTRONICS, INC.

Address: 1001 EAST LINCOLN MADISON HEIGHTS MI 48071

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

is engaged or is registered as a

☐ Wholesaler

☐ Retailer

☐ Manufacturer

☐ Seller

☐ Lessor (see notes on pages 2—4)

☒ Other (Specify) RESELLER

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: INDUSTRIAL ELECTRONIC AND MECHANICAL COMPONENT RESALE

General description of tangible property or taxable services to be purchased from the Seller: INDUSTRIAL ELECTRONIC AND MECHANICAL COMPONENTS

| State              | State Registration, Seller's Permit, or ID Number of Purchaser | State              | State Registration, Seller's Permit, or ID Number of Purchaser |
|--------------------|--|--------------------|--|
| AL <sup>1</sup>    | SSU-R010724836   | NE                 | 13953796   |
| AR                 | 98235289-SLS   | NV <sup>19</sup>   | 1041960042   |
| AZ <sup>2</sup>    | 21353389   | NJ                 | 382-178-619-000  |
| CA <sup>3</sup>    | 256009600  | NM <sup>4,20</sup> | GRS: 03-525063-00-1  |
| CO <sup>4,5</sup>  | 94463480   | NC <sup>21</sup>   | 601286821  |
| CT <sup>6</sup>    | 81076584-001   | ND                 | 355152 00  |
| FL <sup>7</sup>    | 78-8018231110-6  | OH <sup>22</sup>   | 99126031   |
| GA <sup>8</sup>    | 175956021  | OK <sup>23</sup>   | SVU-15350872-02  |
| HI <sup>4,9</sup>  | GE-167-479-5520-01   | PA <sup>24</sup>   | 67-685 601   |
| ID <sup>10</sup>   | 005380529-08   | RI <sup>25</sup>   | 2-2902-2020  |
| IL <sup>4,11</sup> | 4359-0373  | SC                 | 113324117  |
| IA                 | 0169944085   | SD <sup>26</sup>   | 1036-0567-ST   |
| KS <sup>12</sup>   | 004-382178619F-01  | TN <sup>27</sup>   | 1001639646-SLC   |
| KY <sup>13</sup>   | 000803927  | TX <sup>28</sup>   | 3-20743-3137-5   |
| ME <sup>14</sup>   | 1207553  | UT                 | 15111217003-STC  |
| MD <sup>15</sup>   | 18135945   | VT <sup>29</sup>   | SUT-11066844   |
| MI <sup>16</sup>   | 38-2178619   | WA <sup>30</sup>   | 604228858  |
| MN <sup>17</sup>   | 6822087  | WI <sup>31</sup>   | 456-1030327825-02  |
| MO <sup>18</sup>   | 26454262   |                    |  |

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: VP of Accounting

Date: 7/26/2021



## Form ST-10

**COMMONWEALTH OF VIRGINIA  
SALES AND USE TAX CERTIFICATE OF EXEMPTION**

For use by a Virginia dealer who purchases tangible personal property for resale,  
or for lease or rental, or who purchases materials or containers  
to package tangible personal property for sale

**This Certificate of Exemption MAY NOT BE USED TO PURCHASE CIGARETTES FOR RESALE after January 1, 2018.**

To: \_\_\_\_\_ Date: 07/26/2021  
Name of Supplier

\_\_\_\_\_  
Number and Street or Rural Route City, Town or Post Office State Zip Code

The Virginia Retail Sales and Use Tax Act provides that the Virginia Sales and use tax shall not apply to tangible personal property purchased for resale; that such tax shall not apply to tangible personal property purchased for future use by a person for taxable lease or rental as an established business or part of an established business, or incidental or germane to such business, including a simultaneous purchase and taxable leaseback. The Act provides also that such tax shall not apply to packaging materials such as containers, labels, sacks, cans, boxes, drums or bags if the materials are marketed with a product being sold and become the property of the purchaser.

This Certificate of Exemption may not be used by a using or consuming construction contractor as defined in the Regulations.

The undersigned dealer hereby certifies that all tangible personal property purchased from the above named supplier on and after this date will be purchased for the purpose indicated below, unless otherwise specified on each order, and that this Certificate shall remain in effect until revoked in writing by the Department of Taxation. Check proper box below.

- ☒ 1. Tangible personal property for RESALE only. Do not use to purchase cigarettes for resale.
- ☐ 2. Tangible personal property for future use by a person for taxable LEASE OR RENTAL as an established business, or part of an established business, or incidental or germane to such business, or a simultaneous purchase and taxable leaseback. This sales and use tax exemption is not applicable to long-term leases of motor vehicles when lease payments charged to customers are not subject to the motor vehicle sales and use tax.
- ☐ 3. Packaging materials such as containers, labels, sacks, cans, boxes, drums or bags that are marketed with a product being sold and become property of the purchaser.

Name of Dealer GALCO INDUSTRIAL ELECTRONICS Virginia Account No. 12-382178619F-001

Trading as GALCO

Address 1001 EAST LINCOLN MADISON HEIGHTS MI 48071  
Number and Street or Rural Route City, Town or Post Office State Zip Code

Kind of business engaged in by dealer DISTRIBUTION OF ELECTRICAL & MECHANICAL COMPONENTS

I certify that I am authorized to sign this Certificate of Exemption and that, to the best of my knowledge and belief, it is true and correct, made in good faith, pursuant to the Virginia Retail Sales and Use Tax Act.

By  \_\_\_\_\_ VP OF ACCOUNTING  
Signature Title

If the dealer is a corporation, an officer of the corporation or other person authorized to sign on behalf of the corporation must sign; if a partnership, one partner must sign; if an unincorporated association, a member must sign; if a sole proprietorship, the proprietor must sign.

**Information for supplier**—A supplier is required to have on file only one Certificate of Exemption properly executed by the dealer who buys tax exempt tangible personal property for the purpose indicated hereon.



# Streamlined Sales Tax Agreement Certificate of Exemption

**Do not send this form to the Streamlined Sales Tax Governing Board.  
Send the completed form to the seller and keep a copy for your records.**

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possible civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

- ☒ Check if you are attaching the Multistate Supplemental form.  
☐ If not, enter the two-letter abbreviation for the state under whose laws you are claiming exemption.
- ☐ Check if this certificate is for a **Single Purchase Certificate**. Enter the related invoice/purchase order # \_\_\_\_\_.

3. **A. Name of purchaser**  
GALCO INDUSTRIAL ELECTRONICS, INC

**B. Business address** City State Zip code  
1001 EAST LINCOLN MADISON HEIGHTS MI 48071

**C. Purchaser's tax ID number** State of Issue Country of Issue  
38-2178619 MI

**D. If no tax ID number, enter one of the following: FEIN**

**E. Driver's License Number/State Issued ID number** State of Issue

**F. Foreign diplomat number**

**G. Name of seller from whom you are purchasing, leasing or renting**

**H. Seller's address** City State Zip code

4. **Purchaser's Type of business.** Circle the number that best describes your business.
- |  |  |
|--|--|
| <input type="checkbox"/> 01 Accommodation and food services            | <input type="checkbox"/> 11 Transportation and warehousing             |
| <input type="checkbox"/> 02 Agriculture, forestry, fishing, hunting    | <input type="checkbox"/> 12 Utilities                                  |
| <input type="checkbox"/> 03 Construction                               | <input type="checkbox"/> 13 Wholesale trade                            |
| <input type="checkbox"/> 04 Finance and insurance                      | <input type="checkbox"/> 14 Business services                          |
| <input type="checkbox"/> 05 Information, publishing and communications | <input type="checkbox"/> 15 Professional services                      |
| <input type="checkbox"/> 06 Manufacturing                              | <input type="checkbox"/> 16 Education and health-care services         |
| <input type="checkbox"/> 07 Mining                                     | <input type="checkbox"/> 17 Nonprofit organization                     |
| <input type="checkbox"/> 08 Real estate                                | <input type="checkbox"/> 18 Government                                 |
| <input type="checkbox"/> 09 Rental and leasing                         | <input type="checkbox"/> 19 Not a business                             |
| <input type="checkbox"/> 10 Retail trade                               | <input checked="" type="checkbox"/> 20 Other (explain) <b>RESELLER</b> |

5. **Reason for exemption.** Circle the letter that identifies the reason for the exemption.
- |  |  |
|--|--|
| A <input type="checkbox"/> Federal government (Department) _____     | H <input type="checkbox"/> Agricultural Production # _____             |
| B <input type="checkbox"/> State or local government (Name) _____    | I <input type="checkbox"/> Industrial production/manufacturing # _____ |
| C <input type="checkbox"/> Tribal government (Name) _____            | J <input type="checkbox"/> Direct pay permit # _____                   |
| D <input type="checkbox"/> Foreign diplomat # _____                  | K <input type="checkbox"/> Direct Mail # _____                         |
| E <input type="checkbox"/> Charitable organization # _____           | L <input type="checkbox"/> Other (Explain) _____                       |
| F <input type="checkbox"/> Religious organization # _____            | M <input type="checkbox"/> Educational Organization # _____            |
| G <input checked="" type="checkbox"/> Resale # <b>SEE ATTACHMENT</b> |  |

6. **Sign here** I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.
- |                                   |                 |                  |            |
|-----------------------------------|-----------------|------------------|------------|
| Signature of authorized purchaser | Print name here | Title            | Date       |
|                                   | ROBERT GAWTROP  | VP OF ACCOUNTING | 07/26/2021 |

## Streamlined Sales and Use Tax Agreement

## Certificate of Exemption - Multi-state Supplemental

---

Name of Purchaser

---

| State | Reason for exemption | Identification number (if required) |
|-------|----------------------|-------------------------------------|
| AR    | <hr/>                | <hr/>                               |
| GA    | <hr/>                | <hr/>                               |
| IA    | <hr/>                | <hr/>                               |
| IN    | RESALE               | 0169944085                          |
| KS    | <hr/>                | <hr/>                               |
| KY    | <hr/>                | <hr/>                               |
| MI    | <hr/>                | <hr/>                               |
| MN    | <hr/>                | <hr/>                               |
| NC    | <hr/>                | <hr/>                               |
| ND    | <hr/>                | <hr/>                               |
| NE    | <hr/>                | <hr/>                               |
| NJ    | <hr/>                | <hr/>                               |
| NV    | <hr/>                | <hr/>                               |
| OH    | <hr/>                | <hr/>                               |
| RI    | <hr/>                | <hr/>                               |
| OK    | <hr/>                | <hr/>                               |
| SD    | <hr/>                | <hr/>                               |
| TN    | <hr/>                | <hr/>                               |
| UT    | <hr/>                | <hr/>                               |
| VT    | <hr/>                | <hr/>                               |
| WA    | <hr/>                | <hr/>                               |
| WI    | <hr/>                | <hr/>                               |
| WV    | RESALE               | 2390-7326                           |
| WY    | RESALE               | 24040041                            |

SSUTA Direct Mail provisions are not in effect for Tennessee.

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.

| State | Reason for exemption | Identification number (if required) |
|-------|----------------------|-------------------------------------|
| XX    | <hr/>                | <hr/>                               |
| XX    | <hr/>                | <hr/>                               |
| XX    | <hr/>                | <hr/>                               |
| XX    | <hr/>                | <hr/>                               |
| XX    | <hr/>                | <hr/>                               |





# Form ST-4 Sales Tax Resale Certificate

Rev. 8/16

**Massachusetts**  
**Department of**  
**Revenue**

Name of purchaser  
GALCO INDUSTRIAL ELECTRONICS, INC.

Account ID number or Federal ID number

Address  
1001 EAST LINCOLN

City/Town  
MADISON HEIGHTS

State Zip  
MI 48071

Type of business in which purchaser is engaged:  
DISTRIBUTION OF ELECTRICAL AND MECHANICAL COMPONENTS

Type of tangible personal property or service being purchased (be as specific as possible):  
ELECTRICAL AND MECHANICAL COMPONENTS

Name of vendor from whom tangible personal property or services are being purchased:

Address

City/Town

State

Zip

I hereby certify that I hold a valid Massachusetts Vendor's Registration, issued by the Commissioner of Revenue, pursuant to Massachusetts General Laws, Chapter 64H, section 7, and that I am in the business of selling the kind of tangible personal property or services being purchased under this certificate, and that I intend to sell such property or services in the regular course of my business.

**Signed under the penalties of perjury.**

Signature of purchaser

Title  
VP OF ACCOUNTING

Date  
07/26/2021

Check applicable box: ☐ Single purchase certificate ☒ Blanket certificate

## Notice to Vendors

1. Massachusetts General Laws assume that all gross receipts of a vendor from the sale of tangible personal property and services are from sales subject to tax, unless the contrary is established. The burden of proving that a sale of tangible personal property or service by any vendor is not a retail sale is placed upon the vendor unless he/she accepts from the purchaser a certificate declaring that the property or service is purchased for resale.

2. A resale certificate relieves the vendor from the burden of proof only if it is taken in good faith from a purchaser who is engaged in the business of selling tangible property or services and who holds a valid Massachusetts sales tax registration.

3. The good faith of the vendor will be questioned if he/she has knowledge of facts which give rise to a reasonable inference that the purchaser does not intend to resell the property or services. For example, knowledge that a purchaser of particular merchandise is not engaged in the business of selling the kind of merchandise or service he/she is purchasing under this certificate would constitute grounds to question the good faith of the vendor.

4. The vendor must make sure that the certificate is filled out properly and signed before accepting it.

5. The vendor must retain this certificate as part of his/her permanent tax records.

If you have any questions about the acceptance or use of this certificate, please contact: Massachusetts Department of Revenue, Customer Service Bureau, PO Box 7010, Boston, MA 02204, or call (617) 887-MDOR or toll-free, in-state 1-800-392-6089.

## Notice to Purchasers

1. This certificate is to be used when the purchaser intends to resell the tangible personal property or service in the regular course of business. Manufacturers claiming an exempt use of the materials, tools and fuel which will be used in the manufacture, processing or conversion of tangible personal property should use Form ST-12, Exempt Use Certificate. Tax-exempt organizations making purchases for other than resale are to use Form ST-5, Exempt Purchaser Certificate.

2. The purchaser must hold a valid Massachusetts vendor registration. If you need to apply for a registration, go to [mass.gov/dor](http://mass.gov/dor) and click on MassTaxConnect to complete an online application for registration.

3. This certificate must be signed by and bear the name and address of the purchaser and his/her Account ID number or Federal Identification number. This certificate must also indicate the type of tangible personal property purchased and resold by the purchaser.

4. If a purchaser who gives a certificate makes any use of the property other than retention, demonstration or display while holding it for sale in the regular course of business, such property will be subject to the Massachusetts sales or use tax, as of the time the property is first used by him/her.

5. If you are engaged in a service activity, and are unsure as to the eligibility of the tangible personal property being purchased for resale, see the regulation on Service Enterprises, 830 CMR 64H.1.1.

6. For further information about the use of resale certificates, see the regulation on Resale and Exempt Use Certificates, 830 CMR 64H.8.1.

**Warning:** Willful misuse of this certificate may result in criminal tax evasion sanctions of up to one year in prison and \$10,000 (\$50,000 for corporations) in fines.





Department of Taxation and Finance

New York State and Local Sales and Use Tax

**Resale Certificate****ST-120**  
(6/18)

|                |       |          |   |       |          |
|----------------|-------|----------|---|-------|----------|
| Name of seller |       |          | Name of purchaser<br>GALCO INDUSTRIAL ELECTRONICS, INC. |       |          |
| Street address |       |          | Street address<br>1001 EAST LINCOLN                     |       |          |
| City           | State | ZIP code | City  | State | ZIP code |
|                |       |          | MADISON HEIGHTS   | MI    | 48071    |

Mark an X in the appropriate box: ☐ Single-use certificate ☒ Blanket certificate  
Temporary vendors must issue a single-use certificate.

**To the purchaser:**

You may not use this certificate to purchase items or services that are not for resale. If you purchase tangible personal property or services for resale, but use or consume the tangible personal property or services yourself in New York State, you must report and pay the unpaid tax directly to New York State. Any misuse of this certificate will result in tax liabilities and substantial penalty and interest.

**Purchaser information** — please type or print

I am engaged in the business of RESELLING and principally sell ELECTRICAL & MECHANICAL COMP.  
(Contractors may not use this certificate to purchase materials and supplies.)

**Part 1 — To be completed by registered New York State sales tax vendors**

I certify that I am:

- ☒ a New York State vendor (including a hotel operator or a dues or admissions recipient), show vendor or entertainment vendor. My valid *Certificate of Authority* number is 38-2178619
- ☐ a New York State temporary vendor. My valid *Certificate of Authority* number is \_\_\_\_\_ and expires on \_\_\_\_\_

I am purchasing:

- ☒ A. Tangible personal property (other than motor fuel or diesel motor fuel)
- for resale in its present form or for resale as a physical component part of tangible personal property;
  - for use in performing taxable services where the property will become a physical component part of the property upon which the services will be performed, or the property will actually be transferred to the purchaser of the taxable service in conjunction with the performance of the service; or
- ☐ B. A service for resale, including the servicing of tangible personal property held for sale.
- ☐ C. Restaurant-type food, heated food, or heated drink for resale.

**Part 2 — To be completed by non-New York State purchasers**

I certify that I am not registered nor am I required to be registered as a New York State sales tax vendor. I am registered to collect sales tax or value added tax (VAT) in the following state/jurisdiction \_\_\_\_\_ and have been issued the following registration number \_\_\_\_\_. (If sales tax or VAT registration is not required and a registration number is not issued by your home jurisdiction, indicate the location of your business and write **not applicable** on the line requesting the registration number.)

I am purchasing:

- ☐ D. Tangible personal property (other than motor fuel or diesel motor fuel) for resale, and it is being delivered directly by the seller to my customer or to an unaffiliated fulfillment services provider in New York State.
- ☐ E. Tangible personal property for resale that will be resold from a business located outside New York State.

**Certification:** I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements and issue this exemption certificate with the knowledge that this document provides evidence that state and local sales or use taxes do not apply to a transaction or transactions for which I tendered this document and that willfully issuing this document with the intent to evade any such tax may constitute a felony or other crime under New York State Law, punishable by a substantial fine and a possible jail sentence. I understand that this document is required to be filed with, and delivered to, the vendor as agent for the Tax Department for the purposes of Tax Law section 1838 and is deemed a document required to be filed with the Tax Department for the purpose of prosecution of offenses. I also understand that the Tax Department is authorized to investigate the validity of tax exclusions or exemptions claimed and the accuracy of any information entered on this document.

|  |                             |
|--|-----------------------------|
| Type or print name and title of owner, partner, or authorized person of purchaser<br>ROBERT GAWTHROP, VP OF ACCOUNTING |                             |
| Signature of owner, partner, or authorized person of purchaser<br>   | Date prepared<br>07-26-2021 |

**Substantial penalties will result from misuse of this certificate.**



— DEPARTMENT OF —  
**REVENUE**  
—  
STATE OF MISSISSIPPI



Date: May 27, 2020  
Letter ID: L0116927296

**Enclosure: Permit**

Form # PRMGEN v. V10.2

Visit [www.dor.ms.gov](http://www.dor.ms.gov) for tax information and online filing. If you call, please have this letter with you.

# STATE OF MISSISSIPPI

## SELLER'S USE TAX PERMIT

Issued To: GALCO INDUSTRIAL ELECTRONICS I  
26010 PINEHURST DR  
MADISON HEIGHTS MI 48071-4139

Use Account: 1411-1133

**This permit authorizes the holder to collect Use Tax from sales to Mississippi purchasers.**

The permit acts as a resale certificate and authorizes the holder to purchase materials or services for resale, in the regular line of business, exempt from tax. The permittee must collect, report, pay use tax as due by law and shall keep adequate records of Mississippi sales. These records shall be available for inspection by any authorized agent of the Department of Revenue.

This permit is not transferable. You must obtain a new permit if there is a change of ownership or business name.

The permit is issued in accordance with Section 27-65-27, Mississippi Code of 1972 and is valid until cancelled or revoked for cause.

Letter ID: L0116927296

Date Issued: May 27, 2020

Issued By: \_\_\_\_\_



Herb Frierson, Commissioner

**NOT TRANSFERABLE**

This permit shall not make lawful any act or thing declared to be unlawful by the State of Mississippi.