



# Univar Solutions customer information packet

Univar Solutions  
3075 Highland Parkway, Suite 200  
Downers Grove, IL 60515-5560

Dear Valued Customer,

We are pleased to welcome you as a new customer of Univar Solutions. We are grateful that you have entrusted us with your chemical and ingredient sourcing needs. With solutions for a wide range of markets and industries, we aim to redefine distribution and provide an exceptional experience for our customers.

At Univar Solutions, we have a powerful team of professionals, backed by a global network of product, application, and supply chain experts who provide individualized support and care. With the most comprehensive selection of specialty and basic chemicals and ingredients in the industry, we pride ourselves on employing innovative thinking to develop the best solutions to address our customers' most pressing business needs. We urge you to take advantage of our state-of-the-art digital platform, advanced logistical solutions, and our committed team of professionals and allow us to go beyond the loading dock to serve as a trusted advisor to your business.

Again, thank you for choosing to partner with Univar Solutions for your chemical and ingredient sourcing needs. Our dedicated service team looks forward to providing you with an experience that will exceed your expectations and set the standard for all others.

Sincerely,

Univar Solutions

## Univar Solutions customer information packet

Univar Solutions would like to request the attached information to provide optimum service to your company. Please take a few moments to complete these forms and return at your earliest convenience. If you have any questions regarding any of the forms, please do not hesitate to ask.

<b>To</b>	Customer legal name Lakeview Academy of Science, Arts and Technology
	Customer phone number 801-331-6788

<b>From</b>	Univar Solutions contact Shawnee Davis
	Univar Solutions phone number
	Univar Solutions fax number

**For your account to be set up with tax exemption, you must provide your PST exemption number**

Customer tax status	Yes	No
Is your company sales tax exempt?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Credit Reference page attached?	<input type="checkbox"/>	<input type="checkbox"/>
Provide your company's tax ID number: 76-0817467		

**Note:** Accounts will be set up as taxable unless certificate of tax exemption is received at time of account set-up.

**Have you already spoken with a Univar Solutions representative?**

If yes, please identify representative's name

yes, Shawnee Davis

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<b>Shipping location (internal use: SHIP TO in SAP, SHIP TO in UVX)</b>			
Company legal name Lakeview Academy of Science, Arts and Technology			
Doing business as			
Attention			
Is this a residential address? No			
Address (line 1) 527 W 400 N			
Address (line 2)			
District/county Utah			
City/province/state/zip code Saratoga Springs, UT 84045			
Country USA			
Email address (required) ndesmond@lakeview-academy.com			
Phone number: 801-331-6788		Fax number: 801-331-6792	
Currency	<input checked="" type="checkbox"/> USD	<input type="checkbox"/> CAD	<input type="checkbox"/> MEX

<b>Party responsible for placing orders (internal use: SOLD TO in SAP, purchasing contact info in UVX)</b>			
Company legal name Lakeview Academy of Science, Arts and Technology			
Doing business as			
Attention Dale Olsen			
Address (line 1) 527 W 400 N			
Address (line 2)			
District/county Utah			
City/province/state/zip code Saratoga Springs, UT 84045			
Country USA			
Email address (required) dolsen@lakeview-academy.com			
Phone number: 801-331-6788		Fax number: 801-331-6792	
Currency	<input checked="" type="checkbox"/> USD	<input type="checkbox"/> CAD	<input type="checkbox"/> MEX

## Univar Solutions customer information packet

<b>Location to send invoices (internal use: BILL-TO in SAP, BILL-TO in UVX)</b>	
Company legal name	Lakeview Academy
Doing business as	
Attention	Nicole Desmond
Address (line 1)	527 W 400 N
Address (line 2)	
District/county	Utah
City/province/state/zip code	Saratoga Springs, UT 84045
Country	USA
ndesmond@lakeview-academy.com	
Email address (required)	
Phone number:	801-331-6788
Fax number:	801-331-6792

<b>Party responsible for paying invoices (internal use: PAYER in SAP, AP contact in UVX)</b>	
Company legal name	same as above
Doing business as	
Attention	
Address (line 1)	
Address (line 2)	
District/county	
City/province/state/zip code	
Country	
Email address (required)	
Phone number:	
Fax number:	

## Univar Solutions customer information packet

### Delivery information

Please allow us to gather initial information about your delivery requirements. Additional information will be requested as needed to best service your company.

#### General information (required)

Receiving hours:

8:00 am

to

3:00 pm

Appointment required?

☒

Yes

☐

No

If yes, contact name for appointment:

Dale Olsen

Phone number

385-352-6997

Certificate of analysis required? ☐ Yes

☒

No

Recipient's email address required

Dock available for offloading?

☐

Yes

☒

No

Pallet jack required for offloading?

☒

Yes

☐

No

Power lift gate required for offloading?

☒

Yes

☐

No

Trailer requirement:

☐

straight truck

☐

pup truck

☐

full-size semi (48 ft)

☐

ground flow/overflow protection

Is your location in an industrial area?

☐

Yes

☒

No

Do you need your delivery palletized?

☐

Yes

☐

No

Special labeling requirements?

☐

Yes

☐

No

If yes, please explain:

Do you plan to export any of our materials? ☐ Yes ☒ No

Additional general material or delivery requirements:

#### Bulk information (if you purchase bulk products, the information below is required)

You will be advised if a site review by your Univar Solutions representative is required

Receiving hours

to

Appointment required?

☐

Yes

☐

No

If yes, contact name for appointment:

Phone number

What type of truck is needed for unloading?

☐

bottom loading

☐

true rear

☐

belly center

☐

rear

Do you need a pump on delivery truck?

☐

Yes

☐

No

What length of hose is needed?

☐

20'

☐

40'

☐

60'

☐

80'

☐

other

Is there a connection mate required? If yes indicate which type ☐ male ☐ female

Connection size in inches

☐

1

☐

1.5

☐

2

☐

2.5

☐

3

☐

4

☐

6

Do you require a specific connection type?

☐

Regular

☐

camlock

☐

dry-break

Which unloading means is required?

☐

carrier compressor

☐

carrier pump

☐

gravity

☐

air to offload

☐

customer pump

Is your tank and piping system grounded?

☒

Yes

☐

No

Will you be drumming/packing out into drums or totes? ☐ Yes ☐ No

Is there a specific tank delivery location the material needs to be delivered to? If yes, please specify:

Additional bulk delivery requirements (scale ticket, wash requirements, etc.):

 Univar Solutions

# Univar Solutions customer information packet

## Contacts

Unless otherwise stated, all communication will be sent via email.

### Purchasing Contact

Name Nicole Desmond Email ndesmond@lakeview-academy.com  
Phone 801-331-6788 Fax 801-331-6792

### Billing/Credit Contact

Name Nicole Desmond Email ndesmond@lakeview-academy.com  
Phone 801-331-6788 Fax 801-331-6792

### Technical Contact

Name \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BOL Contact

Name \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### COA Contact

Name \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Invoice Contact

Name \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### SDS (MSDS) Contact

Name Don Olsen Email dolsen@lakeview-academy.com  
Phone 385-352-6997 Fax \_\_\_\_\_

### Advance Shipment Notification (ASN) Contact

Name Dale Olsen Email dolsen@lakeview-academy.com  
Phone 385-352-6997 Fax 801-331-6792

### Bulk Receiving Contact

Name \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Package Receiving Contact

Name Dale Olsen Email dolsen@lakeview-academy.com  
Phone 385-352-6997 Fax 801-331-6792

Company generic email address \_\_\_\_\_

## Business Credit Application

Date: 12/8/2020

Thank you for your interest in establishing credit with Univar Solutions. In order that we may provide you with the best possible service, we ask that you correctly and completely fill out this application for credit.

<b>Requested credit amount</b>	\$5000.00		
<b>Name and address</b>	Full legal name of company Lakeview Academy of Science, Arts and Technology		
	Federal ID (taxpayer ID) # 76-0817467		DUNS # 802035027
	Street address 527 W 400 N		
	Mailing address		City/state/zip code Saratoga Springs, UT 84045
	Accounts payable contact Nicole Desmond		Email ndesmond@lakeview-academy.com
	Company website address www.lakeview-academy.com		Phone 801-331-6788
<b>Legal structure (click one)</b>	Corporation: <input checked="" type="checkbox"/> Division: <input type="checkbox"/> Parent company name and headquarter address		
	Subsidiary: <input type="checkbox"/>		
	Partnership: <input type="checkbox"/> Names of all partners: _____		
	Proprietorship: <input type="checkbox"/> Name of proprietor: _____		
<b>Bank</b>	Type of business: _____ Date company started _____		
	Bank name and address Zions Bank		
	Bank contact Mike Hanson		
	Phone 801-844-8434		
<b>Major trade suppliers</b>	Account number 003165222		
	Name/city/state	Fax/email	Phone
<b>Financial statements</b>	Attached: <input type="checkbox"/>		
	Univar Solutions may request from (please list financial institutions)		

The information provided to Univar Solutions on this application by the applicant(s) and any other information provided to Univar Solutions, including any financial statement(s), is warranted to be accurate, complete, and true and shall be the property of Univar Solutions. Univar Solutions is authorized to investigate the applicant(s) credit history and to answer questions about its credit experience with the applicant(s). Applicant authorizes their bank and suppliers to release information to Univar Solutions as requested. If invoices are not paid when due, the applicant agrees to pay a late payment charge, if assessed, of one and one-half percent (1 1/2%) per month on the unpaid balance (Annual Percentage Rate of 18%) or the maximum rate allowed by law, whichever is less. The applicant(s) agrees to pay any and all costs and expenses, including reasonable attorney fees, incurred by Univar Solutions, in collecting past due accounts. The applicant(s) hereby certifies and warrants that any credit extended as a result of this application will be used solely for business purposes and will not be used for personal, family, or household purposes.

Signed: Alan Daniels Title: Board Chair Date: Dec 18, 2020

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_





## Internal Use Only

### Business verification

<b>Address verification</b> (Google address search, yellow pages, or site visit)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Business legitimacy verification</b> (tax ID # or another account setup in UVX)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Copy of credit application:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Valid tax exemption certificate</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SFDC Prospect Number</b>	

### UIC identification

<b>Energy account?</b> (if yes, you must choose a code below)	<input type="checkbox"/> Yes <input type="checkbox"/> No Account Manager: <input type="text"/>	
<b>Energy code</b>	<input type="checkbox"/> 1242 – Midstream <input type="checkbox"/> 1312 – Downstream <input type="checkbox"/> 1460 – Mining	<input type="checkbox"/> 9855 – Halliburton <input type="checkbox"/> 9856 – Schlumberger <input type="checkbox"/> 9990 – Upstream
<b>FI account?</b> (if yes, you must choose a code below)	<input type="checkbox"/> Yes <input type="checkbox"/> No Account Manager: <input type="text"/>	
	<input type="checkbox"/> 2014 - Food <input type="checkbox"/> 2680 - Case <input type="checkbox"/> 2840 – Home & Industrial Cleaning	<input type="checkbox"/> 9760 - Pharma <input type="checkbox"/> 9800 – Beauty & Personal Care <input type="checkbox"/> 9816 – Lubricants & Metalworking Fluids
<b>BCD account?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes (SAP only) – please fill in Customer Classification in MDG to ZB Account Manager: <input type="text"/>	
<b>LCD account?</b> (if yes, you must choose a code below)	<input type="checkbox"/> Yes <input type="checkbox"/> No Account Manager: <input type="text"/>	
<b>LCD code</b>	<input type="checkbox"/> 2210 – Textile <input type="checkbox"/> 2410 – Lumber & Wood Products <input type="checkbox"/> 2592 – Furniture & Fixtures <input type="checkbox"/> 2610 – Paper <input type="checkbox"/> 2811 – Chem Manufacturing <input type="checkbox"/> 3080 – Rubber <input type="checkbox"/> 3712 – Machinery <input type="checkbox"/> 3916 – Misc Manufacturing <input type="checkbox"/> 4012 – Transportation	<input type="checkbox"/> 4842 – Electronics <input type="checkbox"/> 4910 – Industrial Water Treatment <input type="checkbox"/> 5034 – Construction <input type="checkbox"/> 7210 – Service <input type="checkbox"/> 7341 – Pest Control <input type="checkbox"/> 9720 – Agriculture, Forestry, Fishing Other <input type="text"/>
<b>MiniBulk?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Account Manager: <input type="text"/>

### SFDC setup

<b>Account number</b>		
<b>Ship to</b>		
<b>CSR name</b>	<input type="text"/>	<b>*Global ID</b> <input type="text"/>

### Approval

**Risk assessment complete, customer approved based on completion of form and review of documents submitted.**

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Please forward completed packet to [USAAccountSetup@UnivarSolutions.com](mailto:USAAccountSetup@UnivarSolutions.com) and [Customer\\_Dual\\_Maintenance@univarsolutions.com](mailto:Customer_Dual_Maintenance@univarsolutions.com) to complete the SFDC and SAP account setup process for all new bill-to/ship-to accounts AND new ship-to records.

For Energy Accounts, please forward an additional copy to Myrna Wilson, Energy Commercial Operations, at

Myrna.Wilson@UnivarSolutions.com Date sent: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Internal Use Only****Supplemental information (dependent on customer product mix)**

DEA authorization form <input type="text"/>	Product <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stewardship authorization form <input type="text"/>	Product <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethanol (SDA/DS) permit <input type="text"/>	Product <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Bulk profile/checklist or MiniBulk site qualification**

Product #1 Bulk/MiniBulk site prequalification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Product #2 Bulk/MiniBulk site prequalification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Product #3 Bulk/MiniBulk site prequalification	<input type="checkbox"/> Yes <input type="checkbox"/> No
One product/one customer agreement (OPOC)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Product deposit waiver (product)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sales Office

Sales Group

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_