

# The **LONG** Process

Serving you since 1987

## CORE FOCUS

To manufacture the best made in the USA tractor accessories while honoring God.

## OUR GUARANTEE

We're here when you need us. Life **LONG** Customer Support.



Colossians 3:23 "Whatever you do, work heartily, as for the Lord and not men..."



### 1. FIRST CONTACT

#### Requirements to be a W. R. Long Dealer

- Must be tractor, skid steer, or compact utility loader dealership.
- Relationship built on trust, no contracts needed.



### 2. SAME DAY SET UP

#### We require only two documents

- One page Dealer Information Sheet.
- Tax Exemption Certificate.



### 3. ORDER

- Call to place your first order.
- Email and online order placement also available.



### 4. SHIP

- Valve Kits are shipped UPS.
- Attachments are shipped common carrier.
- Valve Kits usually ship in 1-2 days, Attachments usually ship in 2 weeks.
- Invoices are emailed with tracking information.



### 5. EASY INSTALLATION

- Installation instructions are included with the Valve Kit.
- Attachments come fully assembled, ready to hook up to your customer's tractor.
- Expert customer service team available 5 days a week.



### 6. LONG TERM RELATIONSHIP

- Lifetime support.
- Dealer stock incentive plan available.
- Feedback welcome.

Attachments  
Rear Remotes  
Top & Side Links  
Live 3rd Function Valve Kits

252-823-4570  
www.wrlonginc.com

We are here to answer the phone for you and your customer.

We build products that last, with many still in use after 20 years.

We have what you need. Product availability for new and used tractors.



# W. R. LONG, INC. CREDIT APPLICATION

Who did you speak with at W. R. Long? \_\_\_\_\_

Who do we ask for when calling back? \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Please include Town, State, Zip

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

Please include Town, State, Zip

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Web Address: www. \_\_\_\_\_

Accounts Payable Manager: \_\_\_\_\_

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

We normally email invoices one business day after an item is shipped

Owner Name: \_\_\_\_\_

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

Sales Manager Name: \_\_\_\_\_

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

Sales Person 1 Name: \_\_\_\_\_

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

Sales Person 2 Name: \_\_\_\_\_

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

Parts Manager Name: \_\_\_\_\_

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

I am a New Tractor Dealer for: \_\_\_\_\_

Who do we call when approved: \_\_\_\_\_

Please Print Your Name: \_\_\_\_\_

Copy of Signed Tax Exempt Certificate is Required:

\_\_\_\_\_

# Streamlined Sales and Use Tax Agreement Certificate of Exemption

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 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 possibly 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.

- 1**  Check if you are attaching the Multistate Supplemental form.  
 If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
- 2**  Check if this certificate is for a single purchase and enter the related invoice/purchase order # \_\_\_\_\_.

**3 Please print**

Name of purchaser				
Business address		City	State	Zip code
Purchaser's tax ID number		State of issue	Country of issue	
If no tax ID number, enter one of the following:	FEIN	Driver's license number/ state of issue	State issued ID number number	Foreign diplomat number
Name of seller from whom you are purchasing, leasing, or renting				
Seller's address		City	State	Zip code

**4 Type of business.** Check the number that describes your business.

- |  |  |
|--|--|
| <input type="checkbox"/> 01 Accommodation and food services              | <input type="checkbox"/> 11 Transportation and warehousing     |
| <input type="checkbox"/> 02 Agricultural, forestry, fishing, and 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 type="checkbox"/> 20 Other (explain) _____              |

**5 Reason for exemption.** Check the letter that identifies the reason for the exemption.

- |  |  |
|--|--|
| <input type="checkbox"/> A Federal government (department) _____ | <input type="checkbox"/> H Agricultural production # _____             |
| <input type="checkbox"/> B State government (name) _____         | <input type="checkbox"/> I Industrial production/manufacturing # _____ |
| <input type="checkbox"/> C Tribal government (name) _____        | <input type="checkbox"/> J Direct pay permit # _____                   |
| <input type="checkbox"/> D Foreign diplomat # _____              | <input type="checkbox"/> K Direct mail # _____                         |
| <input type="checkbox"/> G Resale # _____                        | <input type="checkbox"/> L Other (explain) _____                       |

**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
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