

LYNX[®]

S E R V I C E S

TO: Auto Glass Repair-Only Specialist Companies

We invite your participation in the LYNX Services Repair program. We welcome Repair specialist companies that provide quality windshield glass repair service, and agree to the Terms and Conditions outlined on the attached form, and noted below.

Be advised your company must carry Commercial General Liability business insurance, and be responsible for any damage to customer's vehicles while in your custody and control, while participating with LYNX Services.

We rely on you to provide a warranty against further spreading of the repaired glass damage area for the life of the policyholder's vehicle; and to provide complete customer satisfaction with the repair.

You will issue invoices to LYNX Services at program rates, and include any applicable sales taxes for your State. Claim payments will include tax reimbursement. You are responsible to remit applicable tax payments to your business taxing authorities.

We ask you to refer back to LYNX Services any work which cannot safely or satisfactorily be repaired, and to refund to LYNX Services the full price of any unacceptable or failed repair.

For participation with LYNX Services auto glass repair programs, complete the sign-up process as follows:

1. Complete the LYNX Services "Auto Glass Repair-Only Participant Application", with Federal Tax ID Number, or business license number, and Owner / Officer's signature.
2. Complete and return the enclosed "LYNX Services State Sales Tax Exemption" form. Indicate "Not Applicable" if sales tax does not apply to Repair invoices in your state.
3. Forward these materials to: LYNX Services, 6351 Bayshore Rd. Ste.18, Ft. Myers, FL 33917-3172 or via fax (239) 479-6167.

Please be advised your business will need a fax machine with a dedicated telephone line to receive work confirmation faxes, and new program information.

You may contact LYNX Services at (239) 479-6000, ext. 5 with any questions regarding this opportunity.

Thank you for your support.

Sincerely,

LYNX Services, L.L.C.
Participant Services Department



Auto Glass "Repair-Only" Participant Application

Company Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Company Email Address _____
 Phone (Toll-Free) _____ (Local) _____ Fax _____
 Payment Address (If Different) _____
 City _____ State _____ Zip _____
 Contact Person Name _____ Title _____
 Contact Person Email Address _____
 Total Number Locations _____
 (If more than one location, please attach "Additional Locations Information" sheet)
 Do you use EDI for billing? Yes No
 (Computer/Electronic Data Interchange)
 If yes, what brand of software? _____

Services Offered (Check box if service is offered or will be offered)

- In-Shop Windshield Repair
- Mobile Windshield Repair (show mobile service radius in miles: _____)
- Other Services _____

Terms and Conditions:

1. A commercial business, having a Federal Tax I.D. Number, state sales tax exemption certificate, and a business license or other credential as required by local ordinance.
2. Staffed to answer the telephone and provide repair service during normal business hours, at least 40 hours per week.
3. Business must use a fax machine, with a dedicated phone line, to receive LYNX Services notices, and job dispatches.
4. Business carries Commercial General Liability Insurance.
5. Agrees to fully refund to LYNX Services the price of windshield repairs that fail or are unacceptable to the vehicle owner. The refund requirement expires with change of ownership of the vehicle.
6. Agrees to refer back to LYNX Services any windshield jobs received from LYNX Services which, for any reason, cannot or should not be repaired.

Business Owner/Officer agrees to the Terms and Conditions:

Business Owner/Officer Name _____
 Title _____ Date _____
 Email Address _____
 Signature _____

Service Availability

Daily business hours:
 Open _____ a.m. to _____ p.m.

Weekend business hours:

Saturday _____ a.m. to _____ p.m.
 Sunday _____ a.m. to _____ p.m.

Scheduled after-hours service by appointment:

- Yes No

Income Tax Reporting Information

Income Tax Social Security Number **OR** Federal Tax Identification Number: _____

List your State Sales Tax rate: _____ %
 Is there a sales tax on labor for your location?
 Yes, _____ % No

Enclose a copy of your state tax exempt certificate or complete and return the enclosed "Blanket Certificate of Exemption" form

Mail: LYNX Services
 6351 Bayshore Road, Suite 18
 Fort Myers, FL 33917-3172

Phone: 239. 479. 6000, ext. 5

Fax: 239.479.6167



State Sales Tax Exemption Certificate

The Sales and Use Tax Act places responsibility upon the Seller to collect and remit state tax from all purchases unless specifically exempt. LYNX Services is responsible to have on file a properly executed exemption certificate.

If Sales Tax is applicable at your place of business, you should show sales tax on your invoices. You will be reimbursed for the applicable sales tax upon payment of a valid claim. Your business will then be responsible for remitting the sales tax to your state and/or local taxing authorities.

For those areas without a Sales Tax, mark this form "Not Applicable." If you pay your taxing authorities under your Social Security number, please put that number on this form. It is required that you complete and return this form in its entirety to be valid.

If you have any questions regarding this State Sales Tax Exemption Certificate, please contact LYNX Services at (941) 479-6000.

Please return this form along with your Participant Application.

Blanket Certificate of Exemption

LYNX Services Date: _____

The undersigned hereby certifies that I am in the business of: *(Check all that apply)*

- Glass Installation
- Glass Repair
- Other (Specify) _____

And that I agree to pay the State Sales or Use Tax due in the event that any or all sales made hereunder should be determined to be taxable.

Company Name _____

Company Address _____

City _____ State _____ Zip _____

State Sales Tax Registration Number _____

Issuing State _____

Owner/Company Officer Name _____

Owner/Company Officer Signature _____