

CUSTOMER APPLICATION

BUILDING M 16 FOREST PARKWAY FOREST PARK, GEORGIA 30297 404-366-8367-404-363-9516 FAX

NAME					
BILLING ADDRESS					
SHIP TO/PHYSICAL ADDRESS					
TELEPHONE		FAX			
EMAIL	ACCOUNTS PA	ACCOUNTS PAYABLE EMAIL			
HOW MANY YEARS IN BUSINESS	FEDERAL	FEDERAL ID NUMBER			
USDA PACA MUNBER		BLUEBOOK NUMBER			
DUN'S NUMBER					
CORPORATION DATE OF INCORPORATION PARTNERSHIP	ON STATE	INCORPORATED IN THE LAST 12 MONTHSSTATE OF CORPORATIONLLC/OTHER			
OWNER/OFFICERS			TITLE		
NAME			TITLE		
ADDRESS					
CITY	STATE	ZIP	PHONE		
NAME			TITLE		
ADDRESS					
CITY	STATE	ZIP	PHONE		
ACCOUNTS PAYABLE CONTACTNAN	MF		PHONE		

BANK INFORMATIONNAME	ADDRESS	
BANK ACCOUNT NUMBER	NUMBER OF YEARS	
BANK PERSON TO CONTACT		
NAME	PHONE	
TRADE REFERENCES (3 REQUIRED)		
NAME	PHONE	FAX
ADDRESS		
NAME	PHONE	FAX
ADDRESS		
NAME	PHONE	FAX
ADDRESS		
AND COMPLETED TO THE BEST OF MY/OUR KNO INVESTIGATE ANY REFERENCE HEREIN LISTED AN I/WE FULLY UNDERSTAND YOUR CREDIT TERMS AREAD, AGREE TO AND SIGNED THE PERSONAL GOOD NOT PAID WHEN DUE, INTEREST SHALL ACCRUE AREQUIRED TO COLLECT THIS ACCOUNT, I/WE AGATTORNEYS FEES, COURT COST AND ANY AND ALIN THE EVENT THE UNDERSIGNED BUYER DESSEPARATE AGREEMENT IS ATTACHED HERETO, TO THE PARTIES STIPULATE THAT A PROPERLY EXIDOCUMENT. THIS AGREEMENT SHALL EXTEND TO CHECK CACHECK FOR A CASH SALE TRANSACTION. SUCH OCCURRED IN THE STATE OF GEORGIA AND IS SUCH	MADE THE ABOVE REPRESENTATIONS AND CERTIFY THAT THE DWLEDGE. IWE HEREBY GIVE AUTHORIZATION TO OBTAIN A CONDITION TO INVESTIGATE ANY OTHER SOURCES PERTAINING TO MY AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF SUARANTY ATTACHED HERETO. IWE FURTHER AGREE THAT, AT THE RATE OF 1.5% PER MONTH (A.P.R. 18%). IN THE EVENT REE TO PAY ALL COSTS OF COLLECTION TO INCLUDE, BUT NOT LECTOR OF THE PROMPT PAYMENT TERM OF PROVIDE EXTENDED TERMS OF 21 DAYS PAYMENT FROM THE ECUTED FAXCIMILLE OF THIS AGREEMENT SHALL HAVE THE ASHING OR THE ACCEPTANCE BY GENERAL PRODUCE LLC. OF CASH SALE TRANSACTION AND THE ACCEPTANCE OF A CHE UBJECT TO THE LAWS OF THE STATE OF GEORGIA, MORE SPECTOR 5% OF THE FACE AMOUNT OF THE CHECK FOR EACH DISHOP.	CONSUMER CREDIT REPORT TO OUR CREDIT RESPONSIBILITY. F EXTENDED CREDIT. I/WE HAV IN THE EVENT OUR ACCOUNT IT AN ATTORNEY'S SERVICES AR OT BE LIMITED TO, REASONABLE THIS AGREEMENT. MS OF PACA (NET 10 DAYS), AND EDATE OF THE INVOICE. SAME EFFECT AS AN ORIGINATION OF THE UNDERSIGNED BUYER'S ECK SHALL BE DEEMED TO HAVE CIFICALLY O.C.G.A. 16-9-20 (J), (K
SIGNED	TITLE DA	TE
PRINTED NAME	DATE OF E	BIRTH (REQUIRED)
PRINCIPAL OWNER OR OFFICER(S) SOC	AL SECURITY NUMBER (<u>REQUESTED</u>)	
PRINCIPAL CHECK SIGNERS DRIVERS LI	CENSE NUMBER (REQUESTED) ST.	ATE ISSUED



CUSTOMER RECALL/FOOD SAFETY CONTACTS

Date:
Customer Name:
Company Address:
Main Phone Number:
Fax Number:
Please print clearly.
Recall Contact Info (required):
*Name:
*Cell Number:
*Work Number:
*E-mail:
Food Safety Contact Info (required):
*Name:
*Cell Number:
*Work Number:
*E-mail:
Buyer Contact Info (optional):
*Name:
*Cell Number:
*Work Number:
*F_mail:

Please fill out and return to:
General Produce LLC
16 Forest Parkway, Bldg. M
Forest Park, GA 30297
Or Fax to (404) 363-9516

Email to <u>cls@generalproducellc.com</u>

GUARANTEE OF PAYMENT

	То	induce	GENERAL			hereinafter er BUYER, in			extend	
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			any other perso							
			UARANTOR E							
other p	erson o	r to requir	e that resort be	had to any see	curity and	further waive	s any rights,	which	GUARA	NTORS ma
have p	ursuant	to O.C.G.	A. § 10-7-24 or	O.C.G.A. § 1	6-9-20 as 1	may be applica	able.			
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	Swo	rn to and s	subscribed befo	re me this the		day of		20		



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To Whom It May Concern:

General Produce LLC. considers the maintenance of good relations with our valued customer important and likewise considers it valuable to clearly communicate our expectations about our terms of sale and expected payment.

On November 15, 1995 the "Perishable Agricultural Commodities Act Amendments of 1995" became effective. The most significant amendment allows us , the seller, to preserve our trust rights by including the following on our invoices or other billing documents:

"The perishable agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by section 5(c) of the Perishable Agricultural Commodities Act, 1930 (7 U.S.C. 499e(c)). The seller of these commodities retains a trust claim over these commodities, all inventories of food or other products derived from these commodities, and any receivables or proceeds from the sale of these commodities until full payment is received."

To re-state our payment policy, our terms are: "Receipt of check within 21 days of shipment date." This time frame should provide your company with ample opportunity for receiving the produce, bank handling, and mailing of payment.

Additionally, interest, attorney's fees and cost of collection are sums owed in connection with all transactions, herein contemplated.

If you and your associates are in accordance with our policy, please sign this document and return the original at your earliest convenience. If the signed acknowledgement is not received by our office, it will be understood that the 10-day prompt payment terms, covered under the PACA Trust Provision, will be in effect.

We look forward to a mutually beneficial business relationship with your company. Please accept our warmest appreciation for your valued business.

Sincerely,

<u>Deanna Smarr</u>

Deanna Smarr Credit Manager

Company Name:						
Signed By:						
Print Name:						
Title:						
Date:						

Form (Rev. October 2007) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

5	Name (as shown on your income tax return)						
on page	Business name, if different from above						
Print or type Instructions	Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=pa ☐ Other (see instructions) ►	artnership) ▶	Exempt payee				
	Address (number, street, and apt. or suite no.)	Requester's nam	's name and address (optional)				
P Specific	City, state, and ZIP code						
See	List account number(s) here (optional)						
Part	Taxpayer Identification Number (TIN)						
backu	your TIN in the appropriate box. The TIN provided must match the name given on Line 1 p withholding. For individuals, this is your social security number (SSN). However, for a resole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entity	sident	ial security number				
	your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.						
	Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.						
Part	Certification	·					
Under	penalties of periury. I certify that:						

- orider 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. citizen or other U.S. person (defined below).

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.

provide your correct TIN. See the instructions on page 4.

Sign
Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

• The U.S. owner of a disregarded entity and not the entity,

Clear Form



STATE OF GEORGIA DEPARTMENT OF REVENUE SALES AND USE TAX CERTIFICATE OF EXEMPTION GEORGIA PURCHASER OR DEALER EFFECTIVE JULY 1, 2000

1	o			(WIVIDD/TT)				
			(SUPPLIER)	(DATE)				
pui rev	pose oked	indica in wr	ated below, unless otherwise specified on a particular	onal property purchased or leased after this date will be for the order, and that this certificate shall remain in effect until this certificate of exemption is subject to the sales and use tax if				
[]	1.	Resale, rental or leased only, including but not limited to	the purchase for resale of gasoline and other motor fuels.				
[]	2.	2. Materials for further processing, manufacture or conversion into articles of tangible personal property for resale which become a component part of the property for sale, or be coated upon or impregnated into the product at any stage processing, manufacture or conversion and nonreturnable materials used for packaging tangible personal property for ship or sale. Containers or other packaging materials purchased for reuse are not exempt.					
]]	3.	Machinery used directly in the manufacture of tangible personal property for sale purchased as <u>additional, replacement upgrade</u> machinery to be placed into an existing plant in this State.					
[]	4.	Direct Pay Permit authorized under Regulation 560-12-1-Fuel Tax to suppliers on purchases of gasoline.	.16. The holder of a Direct Pay Permit must pay the 3% Second Motor				
[]	5.	5. For use by Federal Government, State Government, any county, municipality or public school system of this State, when supported by official purchase orders or for use by Hospital Authorities created by Article 4, Chapter 7, of Title 7, and County or City Housing Authorities created by Article 1, Chapter 3 of Title 8. The State of Georgia, counties, municipalities, public schools, Hospital and Housing Authorities of Georgia must pay the 3% Second Motor Fuel Tax to suppliers. A Georgia Sales and Use Tax Certificate of Registration Number is not required for this exemption.					
[]	6.	Aircraft, watercraft, motor vehicles and other transportation equipment manufactured or assembled, sold and delivered by the manufacturer or assembler for use exclusively outside this State, or delivery of the crafts is for the sole purpose of removing same under its own power when it does not lend itself more reasonably to removal by other means. A Georgia Sales and Use Tax Certificate of Registration Number is not required for this exemption.					
[]	7. Aircraft, watercraft, railroad locomotives and rolling stock, motor vehicles and major components of each, which will be used principally to cross the borders of this State in the service of transporting passengers or cargo by common carriers and by carrier who hold common carrier and contract carrier authority in interstate or foreign commerce under authority granted by the Units States government. Replacement parts installed by carriers in such craft or vehicles which become an integral part of the craft or vehicle are likewise exempt. Private and contract carriers are not exempt.						
			(TYPE OF BUSINESS ENGAGED IN BY THE PURCHASER)	(COMMODITY CODE)				
I de	eclare rect, 1	e, under made in	r penalties of false swearing, that this certificate has been en good faith, pursuant to the sales and use tax laws of the Sta	xamined by me and to the best of my knowledge and belief is true and ate of Georgia.				
			(PURCHASER'S FIRM NAME)	(CERTIFICATE OF REGISTRATION NO.)				
			(ADDRI	ESS)				
Ву			(SIGNATURE)	Title				
			(SIGNATURE)	(OWNER, PARTNER, OFFICIAL)				

A supplier is required to have only one certificate of exemption form on file from each purchaser buying tax exempt. The supplier must exercise ordinary care to determine that the tangible personal property obtained under this certificate is for the purpose indicated. Suppliers failing to exercise such care will be held liable for the sales tax due on such purchases. For example, a supplier cannot accept a Certificate of Registration number bearing a "214" prefix since these are issued to a Contractor which has been deemed to be the consumer and is required to pay the tax at the time of purchase.