



**BUILDING M**  
**16 FOREST PARKWAY**  
**FOREST PARK, GEORGIA 30297**  
**404-366-8367-**  
**404-363-9516 FAX**  
**CUSTOMER APPLICATION CASH SALES**

**COMPANY NAME** \_\_\_\_\_

**BILLING ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**SHIP TO/PHYSICAL ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**EMAIL** \_\_\_\_\_ **ACCOUNTS PAYABLE EMAIL** \_\_\_\_\_

\_\_\_\_\_ **HOW MANY YEARS IN BUSINESS** \_\_\_\_\_ **FEDERAL ID NUMBER** \_\_\_\_\_

\_\_\_\_\_ **CORPORATION** \_\_\_\_\_ **INCORPORATED IN THE LAST 12 MONTHS**

\_\_\_\_\_ **DATE OF INCORPORATION** \_\_\_\_\_ **STATE OF CORPORATION**

\_\_\_\_\_ **PARTNERSHIP** \_\_\_\_\_ **INDIVIDUAL OWNERSHIP** \_\_\_\_\_ **OTHER**

**OWNER/OFFICERS** \_\_\_\_\_

NAME TITLE

ADDRESS

CITY STATE ZIP PHONE

NAME TITLE

ADDRESS

CITY STATE ZIP PHONE

I/WE CERTIFY THAT ALL OF THE INFORMATION ON THIS FORM IS CORRECT. I/WE FURTHER AGREE THAT, IN THE EVENT OUR ACCOUNT IS NOT PAID WHEN DUE, INTEREST SHALL ACCRUE AT THE RATE OF 1.5% PER MONTH (A.P.R. 18%). IN THE EVENT AN ATTORNEY'S SERVICES ARE REQUIRED TO COLLECT THIS ACCOUNT, I/WE AGREE TO PAY ALL COSTS OF COLLECTION TO INCLUDE, BUT NOT BE LIMITED TO, REASONABLE ATTORNEYS FEES, COURT COST AND ANY AND ALL COSTS INCURRED AS A RESULT OF OUR FAILURE TO HONOR THIS AGREEMENT.

THE PARTIES STIPULATE THAT A PROPERLY EXECUTED FAXCIMILLE OF THIS AGREEMENT SHALL HAVE THE SAME EFFECT AS AN ORIGINAL DOCUMENT.

THIS AGREEMENT SHALL EXTEND TO CHECK CASHING OR THE ACCEPTANCE BY GENERAL PRODUCE LLC. OF THE UNDERSIGNED BUYER'S CHECK FOR A CASH SALE TRANSACTION. SUCH CASH SALE TRANSACTION AND THE ACCEPTANCE OF A CHECK SHALL BE DEEMED TO HAVE OCCURRED IN THE STATE OF GEORGIA AND IS SUBJECT TO THE LAWS OF THE STATE OF GEORGIA, MORE SPECIFICALLY O.C.G.A. 16-9-20 (J), (K), WHICH ALLOWS A SERVICE CHARGE OF \$40.00 OR 5% OF THE FACE AMOUNT OF THE CHECK FOR EACH DISHONORED CHECK, WHICHEVER IS GREATER.

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SIGNED	TITLE	DATE
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PRINTED NAME	DATE OF BIRTH <b>(REQUIRED)</b>
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PRINCIPAL OWNER OR OFFICER(S) SOCIAL SECURITY NUMBER <b>(REQUESTED)</b>
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PRINCIPAL CHECK SIGNERS DRIVERS LICENSE NUMBER <b>(REQUESTED)</b>	STATE ISSUED
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## 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: \_\_\_\_\_

\*E-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 [cls@generalproduceinc.com](mailto:cls@generalproduceinc.com)

Clear Form



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

To: \_\_\_\_\_ (SUPPLIER) \_\_\_\_\_ (MM/DD/YY) (DATE)

\_\_\_\_\_  
(ADDRESS)

THE UNDERSIGNED HEREBY CERTIFIES that all tangible personal property purchased or leased after this date will be for the purpose indicated below, unless otherwise specified on a particular order, and that this certificate shall remain in effect until revoked in writing. Any tangible personal property obtained under this certificate of exemption is subject to the sales and use tax if it is used or consumed by the purchaser in any manner other than indicated on this certificate. (Check proper box.)

- 1. Resale, rental or leased only, including but not limited to the purchase for resale of gasoline and other motor fuels.
- 2. Materials for further processing, manufacture or conversion into articles of tangible personal property for resale which will become a component part of the property for sale, or be coated upon or impregnated into the product at any stage of its processing, manufacture or conversion and nonreturnable materials used for packaging tangible personal property for shipment 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 additional, replacement or upgrade machinery to be placed into an existing plant in this State.
- 4. Direct Pay Permit authorized under Regulation 560-12-1-.16. The holder of a Direct Pay Permit must pay the 3% Second Motor Fuel Tax to suppliers on purchases of gasoline.
- 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 carriers who hold common carrier and contract carrier authority in interstate or foreign commerce under authority granted by the United 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 declare, under penalties of false swearing, that this certificate has been examined by me and to the best of my knowledge and belief is true and correct, made in good faith, pursuant to the sales and use tax laws of the State of Georgia.

\_\_\_\_\_  
(PURCHASER'S FIRM NAME)

\_\_\_\_\_  
(CERTIFICATE OF REGISTRATION NO.)

\_\_\_\_\_  
(ADDRESS)

By \_\_\_\_\_ 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.

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* 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.

Social security number
or
Employer identification number

### Part II Certification

Under 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## 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,