



16 Forest Parkway Bldg. M, Forest Park, GA 30297 Tel: 404-366-8367 Fax 404-363-9516
Accounting 404-361-0215 Accounting Fax 404-363-9516

To our valued Vendors:

General Produce LLC tries to maintain a good working relationship with each of you. As part of this relationship, we require all manifest, bills of lading, credit memos, price adjustments or other communication concerning a given shipment must be noted with the proper purchase order number issued to you at the time of purchase by our buyer to assure prompt, accurate payment for the product we purchase from you.

Failure to follow the foregoing requirements may cause delay in payments or refusal of product by our receiving department due to an inability to identify your produce as having been purchased by an authorized buyer of General Produce LLC.

Additionally, our insurance company requires us to obtain a current Certificate of Insurance for each of our suppliers, which include suppliers and /or associates with which you conduct business. Please remit a valid Certificate of Insurance that meets the following requirements:

- A. General Liability Products – Completed Operations limits of \$1.0 million per occurrence with \$2.0 million General Aggregate.
- B. Name General Produce LLC, its subsidiaries, affiliates and divisions as the Certificate holder.
- C. The additional insured listed as General Produce LLC, its subsidiaries, affiliates and divisions using the ISO form CG2026, designated person or organization, endorsement.

It is necessary for us to receive this document within 60 days in order to continue our business relationship.

Also, please note that a current Certificate of Insurance must be resubmitted each year 30 days prior to the expiration date.

Sincerely,

Accounts Payable Team

Cindy Sterhan & Deanna Smarr

ap@GeneralProduceLLC.com



16 Forest Parkway Bldg. M, Forest Park, GA 30297 Tel: 404-366-8367 Fax 404-363-9516
Accounting 404-361-0215 Accounting Fax 404-363-9516

Dear Vendor:

Please complete the following information and return to us at your earliest convenience:

Vendor Name: _____

Mailing Address: _____

Vendor Phone: _____

Vendor Fax: _____

Vendor Email: _____

Accounting Contact _____ Phone _____

Accounting Email _____

Federal ID Number: _____

OR

Social Security: _____

Please Check One:

Corporation _____

LLC _____

Sole Proprietorship

Partnership _____

Individual _____

Printed Name: _____

Signature: _____

Title: _____

Date: _____

Vendor Information Sheet VIN#