



Sunfarm Food Service
 84 Produce Row
 St. Louis, MO 63102
 314.241.1288 ph
 314-241-9465 f
 ar@sunfarmfs.com

CUSTOMER INFORMATION

Please complete page 1 & 2 for COD or Branch Locations or pages 1,2&3 for Lines of Credit. Email or Fax-Attention to Credit Dept.

Please fill out this form COMPLETELY.

CUSTOMER INFORMATION

PLEASE CHECK ONE CORPORATION LIMITED LIABILITY COMPANY PARTNERSHIP SOLE PROPRIETOR

FULL LEGAL BUSINESS NAME _____

DBA (if applicable) _____

RESTAURANT / DELIVERY ADDRESS _____

BILLING ADDRESS _____

YEARS AT THIS ADDRESS _____ FEDERAL TAX ID # _____

RESTAURANT PHONE () _____ RESTAURANT FAX () _____

ACCOUNTS PAYABLE NAME: _____ PHONE () _____

AP FAX () _____ AP EMAIL _____

(statements will be sent to this email unless otherwise notified)

Let us get to know you better.....

CHEF / MGR: _____ EMAIL: _____ PH/CELL () _____

OWNER _____ EMAIL: _____ PH/CELL () _____

_____ EMAIL: _____ PH/CELL () _____

(WRITE IN)

PREF. DEL.TIME WINDOW / SPECIAL DEL. INSTRUCTIONS _____

***CIRCLE EMAILS AND/OR FAXES ABOVE YOU WOULD LIKE PRICE LISTS SENT TO.**

***YOUR SUNFARM SALES REPRESENTATIVE- _____**

FULL NAMES OF OFFICERS, PARTNERS, OR PROPRIETOR(S)

NAME	TITLE	ADDRESS	CITY/STATE/ZIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SALES TAX EXEMPTION MULTI-JURISDICTION

Issued to: Sunfarm Foodservice, Inc Address: 84-86 Produce Row, St. Louis, MO 63102

This is to certify that merchandise purchased by the undersigned form SUNFARM FOODSERVICE, INC., and SUBSIDIARIES, St. Louis, Missouri, for use in their operation has the following State Sales Use Tax Status.
 (Please check whichever applies.)

Sold to the public, on which we collect and remit Retail Sales Tax. Items Exempt: FOOD PRODUCTS

Our State Sales Tax Number is: _____

We hereby request SUNFARM FOODSERVICE, INC and its SUBSIDIARIES to add Sales Use Tax to their invoices for such products used in our operation on which no Sales Tax Exemption is granted by the state and on which we do not collect or remit State Sales Tax.

Signature _____ Title _____ Date _____



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CREDIT APPROVAL POLICY

The purpose of a credit policy is to assist our customers. This enables us to establish a method of payment that will fit each of our customers' needs. It also enables us to keep collection costs down and prices down for our valued customers.

CREDIT APPLICATION

All customers who wish to place charges on an account with Sunfarm Food Service need a signed and completed credit application on file with Sunfarm's accounting department. This application will assist us in establishing a credit line that best suits you. We evaluate applications within two days and allow cash purchases until applications are processed. A credit disclosure form must also be reviewed and signed by the customer. For Limited Liability Companies, company financials may be required.

OVER CREDIT-LINE POLICY

Should a customer exceed the established credit line, cash purchases can be made as long as account payments are up to date. If customers exceed their credit line and do not pay their account in full by the due date, additional purchases will be allowed only when first approved by a supervisor and when an agreed payment on the amount overdue is included with a full payment for the new purchases. This must be established prior to placing any additional purchases.

PAYMENT/LATE CHARGES

All invoices must be paid within the terms rewarded. If the invoice is not paid within these terms, a monthly 1.5 percent time-price differential charge will be added to the invoice. This 1.5 percent charge will accrue until the invoice is paid in full.

DEFAULT OF CREDIT TERMS

When a customer goes into default of the established credit terms, we will provide assistance as long as a regular payment schedule is established and regular payments are received. When no contact is maintained with the customer or when regular payments are not made, we use the full extent of the law to make collection on the balance owed. Service charges will continue to accrue on all balances until they are paid. All collection costs (legal fees, court fees, etc.) will be billed to the customer and the customer will be liable for said costs.

RETURNED CHECK POLICY (COD customer)

If a check is returned unpaid by your banking institution, the customer will be charged \$25 processing fee. If the check does not clear the institution for payment when processed a second time, the customer will be charged another \$25 processing fee. The customer will then be contacted to bring in cash or a cashier's check for the full amount of the check plus processing fees. If payment is not received at the time arranged with the customer, the check and related information will be turned over to the proper authorities for legal action.

We hope these terms of credit are clear and will help maintain a mutually beneficial relationship between Sunfarm Food Service and its customers. We value our customers and their business.

By signing this policy, I acknowledge that I have reviewed the policy and agree with the terms established by this contract.

_____ Applicant's signature	_____ Print Name	_____ Date
_____ Applicant's signature	_____ Print Name	_____ Date
_____ Accounts Payable Signature	_____ Print Name	_____ Date

PLEASE DO NOT WRITE BELOW THIS LINE

References checked by: _____	Credit approved by: _____
Reference results: _____	Credit amount approved: _____
_____	Credit refused by: _____
_____	Date of final credit review: _____



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APPLICATION FOR LINE OF CREDIT

CREDIT INFORMATION RELEASE FORM

COMPANY LEGAL NAME _____ DESIRED LINE OF CREDIT _____

In connection with my application to purchase food items from Sunfarm Food Service, I understand that investigative background inquiries will be made. By signing this application, I authorize Sunfarm Food Service or its agent to investigate my consumer credit, our company credit, and financial records including bank records. This information is for the confidential use of Sunfarm Food Service.

A carbon or photo copy of this authorization may be deemed as equivalent of the original and may be used as such. Your prompt reply will expedite this account line of credit consideration. Thank you for your assistance in providing this information.

Applicant's Name _____ Applicant's signature _____ Date of Birth _____ Social Security Number _____ Date _____

Applicant's Name _____ Applicant's signature _____ Date of Birth _____ Social Security Number _____ Date _____

BANK REFERENCES

BANK NAME _____ CHECKING ACCOUNT # _____
 ADDRESS _____ SAVINGS ACCOUNT # _____
 CITY _____ CONTACT _____
 STATE & ZIP CODE _____ PHONE () _____ EXT. _____

TRADE REFERENCES

1. COMPANY NAME _____ 2. COMPANY NAME _____
 ADDRESS _____ ADDRESS _____
 CITY/STATE/ZIP _____ CITY/STATE/ZIP _____
 PHONE _____ FAX _____ PHONE _____ FAX _____
 3. COMPANY NAME _____ 4. COMPANY NAME _____
 ADDRESS _____ ADDRESS _____
 CITY/STATE/ZIP _____ CITY/STATE/ZIP _____
 PHONE _____ FAX _____ PHONE _____ FAX _____

PERSONAL GUARANTEE

To induce delivery of goods and / or rendition of services to our corporation and / or partnerships ("Company"), I/We personally guarantee payment of our company bills, whether past, present or future. Our guarantee is continuing, and you may seek payment from us even though you decline to undertake action against our company, or any other person or any estate. We waive all forms of notice and presentment and you may extend credit to our company, without notification to us, change or alter terms of credit, underling terms of a debtor, or any other matter which may pertain to you and our company. You also may give our company additional time to pay any debt, waive your claim against any other person or our company, add or subtract any one of us as a guarantor or release collateral, is the same exists, and we shall still be bound to pay the indebtedness. We are also liable on this form of guarantee even though we are no longer associated with this company, and we can revoke this form of guarantee by mailing to your credit department, return receipt requested, certified, a notice of revocation. To avoid any possible misunderstanding, the debts which are covered by this guarantee include any and all possible obligations which may be owed by our company to you, regardless of the date incurred. You may, of course, grant any and all renewals and extensions of credit without our permission, knowledge, or consent. This guarantee is unlimited in amount. In the event of the delinquency of any obligation owed by owed by our company or you, we and our company, aside from paying you the debt, interest and court costs, shall pay you reasonable attorney's fees incurred in the collection, and our successors and assigns.

Applicant's signature _____ Print Name _____ Date _____

Applicant's signature _____ Print Name _____ Date _____

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	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 the "Name" line 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									

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), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

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

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.