



HALSEY FOODSERVICE

P.O. Box 6485 Huntsville, Alabama 35824-0485

Customer No _____ Salesman _____ Terms Requested _____

Name of Firm _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Owner's Drivers License # _____

Owner's Name _____ Owner's Social Security # _____

Owner's Street Address _____ City _____ State _____ Zip _____

Owner's Phone Number _____

If Corporation, Name of Officers _____

How long in business? _____ Previously doing business as: _____

Sales Tax Number _____ County Business is located in? _____

Person to contact regarding account _____

Title _____ Phone Number _____ Email _____

BANK REFERENCE

Name of Bank _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Contact Person _____ Account # _____

CREDIT REFERENCE

Name of Company _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Contact Person _____ Account # _____

Name of Company _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Contact Person _____ Account # _____

I hereby acknowledge that the above information is correct. I give you permission to contact our bank, the above credit references, and the credit bureau about our financial rating. If credit is granted we promise to make payment according to the established terms.

Date _____ Signed _____ Owner _____

OFFICE USE ONLY

Approved by _____ Date _____ Terms established: _____

PRODUCT RETURN POLICY

The purpose and focus of HFS Return Policy is to ensure credit is issued to our customers for applicable situations and more importantly to ensure HFS is in compliance with USDA/FDA FSMA (Food Safety Modernization Act). Our policy is specifically designed to ensure product safety standards. Adherence to this policy is required in order to maintain and ensure product wholesomeness, quality and chain of custody.

WHEN YOUR ORDER IS DELIVERED

1. Your HFS driver will gladly assist you in verifying that all items delivered coincide with your invoice. HFS will be utilizing "scan off truck" technology to ensure everything on your invoice is delivered to your door.
2. Your HFS driver will request that all perishable products be delivered into your cooler or freezer area. If you refuse to allow him to do so - you accept immediate and full responsibility for ALL perishable items and **NO CREDITS WILL BE ISSUED AFTER THE FACT - REGARDLESS OF CIRCUMSTANCE**. This is part of the new FDA FSMA rules and regulations - and in compliance with Section 415. HFS has to ensure and certify cold chain and supply chain integrity, we will request that all perishable items not be left in open kitchen space and exposed to heat and other elements.
3. You can choose to return for credit any item (perishable or non-perishable) on your order at the time of delivery prior to signing your invoice. Also if there is any item shorted on your order - the HFS driver will make the appropriate notation on your invoice at the time of delivery to ensure your account is credited for the missing or returned items.

PERISHABLE PRODUCTS (Meat, Poultry, Dairy, Produce, Fresh Bread, Ready-to-Eat Products)

1. In order for a perishable product to be eligible for "return" it **MUST** have been delivered to your cooler or freezer area by the HFS driver at the time of delivery - and **MUST** be returned within 24 hours of delivery.
2. It must be returned in the original sealed (unopened) packaging and stored at all times prior to pick-up within the proper temperature range (30-35 degrees Fahrenheit). Product may be returned unsealed (opened) in the event of hidden damage only - as long as product has been properly stored prior to pick-up.
3. All perishable product returned will be subject to inspection by a qualified HFS QA/QC person prior to any credit being issued to the customer.

FROZEN PRODUCTS

1. In order for a frozen product to be eligible for "return" it **MUST** have been delivered to your cooler or freezer area by the HFS driver at time of delivery - and **MUST** be returned within 7 days of delivery.
2. It must be returned in the original sealed (opened) packaging and stored at all times prior to pick-up within the proper temperature range (0-20 degrees Fahrenheit). Product may be returned unsealed (opened) in the event of hidden damage only - as long as product has been properly stored prior to pick-up.
3. All frozen product returned will be subject to inspection by qualified HFS QA/QC person prior to any credit being issued to the customer.

DRY GOODS AND OTHER NON-PERISHABLE PRODUCTS

1. Products **MUST** be returned within 7 days of delivery.
2. It must be returned in the original sealed (unopened) packaging with no visible damage.
3. All products returned will be subject to inspection by a qualified HFS QA/QC person prior to any credit being issued to the customer.

SPECIAL ORDERS

Special order products have been ordered specifically for your business and are non-returnable / non-refundable. No exceptions unless there is hidden damage discovered upon opening product - at which time return must be requested within 24 hours.

Customer Signature

Request for Taxpayer Identification Number and Certification

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

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

| | |
|---|--|
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| 2 Business name/disregarded entity name, if different from above | |
| 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |
| <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) | Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> |
| 5 Address (number, street, and apt. or suite no.) See instructions. | Requester's name and address (optional) |
| 6 City, state, and ZIP code | |
| 7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN**, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see **What Name and Number To Give the Requestor** guidelines on whose number to enter.

| | | | | | | | | | |
|--------------------------------|--|--|--|---|--|--|--|--|--|
| Social security number | | | | | | | | | |
| | | | | - | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 for Part II, later.

Sign Here

Signature of U.S. person

Date

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See what is backup withholding, later.

ACH DRAFTING FORM

Customer Name _____

Account# _____

Customer Address _____

City _____ State _____ Zip _____

Customer Phone _____

Bank Name _____

Bank Routing # (attached voided check) _____

Bank Address _____

City _____ State _____ Zip _____

Bank Phone _____

To the designated bank:

Our food supplier, W.L. Halsey Grocery Co., dba Halsey Foodservice, is hereby authorized to draft our bank account # _____, on the due date for amount that is due.

This authorization shall continue in force until revocation in writing is received by you.

ATTACH A COPY OF THE AUTHORIZED USER'S DRIVERS LICENSE AND A VOIDED CHECK

(Authorized Representative Signature)

Authorized Representative (Please Print Name)