



Subsidiary of Astor Chocolate

651 New Hampshire Ave. Lakewood, NJ 08701 (732) 901-1000 FAX (732) 901-3610 www.astorchocolate.com

### CREDIT APPLICATION

Date: \_\_\_\_\_ Federal I.D. #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Date Established: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Shipping Address:  Commercial  Residential E-mail Address: \_\_\_\_\_  
 Owner's Name & Address: \_\_\_\_\_  
 Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
**Type of Business:**  Partnership  Individual  Corporation

**Please provide us with the following information regarding your Accounts Payable:**

A/P Contact: \_\_\_\_\_ A/P Fax/Email: \_\_\_\_\_  
 Would you like to have your invoice mailed, e-mailed, or faxed? \_\_\_\_\_  
 Is your place of business a franchise?  YES  NO  
 Are your accounts payable paid through a Corporate Account?  
 Yes - Please provide name, address, phone #, & contact person.  No

**Tax Exempt:**  YES  NO Tax Exempt / Resale #: \_\_\_\_\_  
 Please supply a copy of your Exemption or Resale Certificate.

TRADE REFERENCES		
Please provide at least three references which have been doing business with you for at least 2 years!!!		
COMPANY NAME/CONTACT NAME	PHONE NUMBER	E-MAIL ADDRESS/FAX #
NAME OF BANK	ACCOUNT #	PHONE & FAX #/E-MAIL

In support of this application, you are hereby authorized to obtain credit information from our bank or vendor with whom we have conducted business. It is understood that any such credit information will be held in strict confidence only in consideration of this application.

Please understand that your order may be delayed while we complete our credit check. If you do not wish to experience this delay. Please furnish us with one of the following Credit Card #'s; Visa or MasterCard.

CARD #	EXPIRATION DATE	BILLING ZIP CODE	NAME OF CARDHOLDER

I hereby authorize Astor Chocolate to debit the above card number. \_\_\_\_\_  
 Please charge all future orders to the above credit card #.  Check my references so that we can establish open terms

I personally guarantee payment of product ordered from Astor Chocolate Corp./Le Belge Chocolatier

Should it become necessary to place the account with a collection agency or an attorney, Applicant agrees to pay all collection costs and attorney fees in addition to all other sums due. Any disputes resulting in a court hearing shall be tried in the state of New Jersey and the laws of that state shall apply.

**DAMAGES**  
 You agree to report damages, shortages and/or overages to Astor Chocolate within five (5) business days after receiving shipment of its product. Astor Chocolate will not be responsible for damages reported after the time frame specified above. You agree to hold product until Astor Chocolate can retrieve the product. The customer will be provided with an ARS or Damage Call Tag for return shipping. Subsequent to inspection, Astor Chocolate agrees to replace the product and/or monetary value of damaged merchandise. Astor Chocolate will not reimburse customer for any product discarded without authorization.

**Print Name and Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Please complete the Credit Application at your earliest convenience and fax to (732) 901-3610. Our Terms for payment are Net 14 days. Thank you for your prompt reply!!**

**Request for Taxpayer  
Identification Number and Certification**

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

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**ASTOR CHOCOLATE CORP.**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only **one** of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶ \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.)  
**651 NEW HAMPSHIRE AVENUE**

**6** City, state, and ZIP code  
**LAKEWOOD, NJ 08701**

**7** List account number(s) here (optional)

Requester's name and address (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 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
			-						
<b>or</b>									
<b>Employer identification number</b>									
1	1	-	1	6	2	0	9	0	1

**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 on page 3.

**Sign Here**      Signature of U.S. person ▶ *[Signature]*      Date ▶ \_\_\_\_\_

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/w9](http://www.irs.gov/w9).

**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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**LE BELGE CHOCOLATIER**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only **one** of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶ \_\_\_\_\_

C Corporation     S Corporation     Partnership     Trust/estate

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.)  
**761 SKYWAY COURT**

**6** City, state, and ZIP code  
**NAPA, CA 94558**

**7** List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

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Social security number										
			-				-			
OR										
Employer identification number										
6	8	-	0	3	5	0	0	6	7	

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- I am a U.S. citizen or other U.S. person (defined below); and
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**Sign Here**    Signature of U.S. person ▶ *E Kaufman*    Date ▶ \_\_\_\_\_

**General Instructions**

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- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.