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**SEGUIN WHOLESALERS MEAT DISTRIBUTIONS LLC**

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To whom it may concern:

Please furnish the following documents so we can complete the **SEGUIN WHOLESALERS MEAT DISTRIBUTIONS LLC** credit file and establish a credit limit for you as a customer:

- pg. 2-3 Completed, signed and dated New Account Credit Application
- pg. 4 Completed, signed and dated W-9
- pg. 5 Completed, signed and dated tax exemption certificate
- pg. 6 Completed, Customer Profile Form

We obtain credit references and credit bureau reports upon receipt of the above documents. Please ensure that you have provided direct fax number(s) and/or email address(s) to expedite the credit reference/report process. We require at least two (2) favorable credit references to complete the credit review process. **Also, please note that Tyson, Cargill, & JBS no longer provide references to anyone other than credit agencies.**

Our Credit Management team reviews the required **SEGUIN WHOLESALERS MEAT DISTRIBUTIONS LLC** documents (referenced above), your credit report, and the responses received from your credit references. Upon completion of their review, we communicate our credit decision to you.

A resale certificate is required from the buyer (or customer). This document evidences the buyer has purchased goods for resale and not for their own use. Submit a completed resale certificate to establish the wholesale status of your account. State law requires us to maintain a copy of all applicable documents pertaining to sales and use tax. The absence of a resale certificate requires us to bill you Texas sales tax on the invoice.

Please let me know if you have any questions or concerns

Thank you and have a great day.

**Manuel Nieves**

**PRESIDENT**

**3650 hwy 90 alt Seguin Texas 78155**

**CEL | 210-387-2985**

## New Account Credit Application

**Signature and Date required below. Please either complete all other sections or attach a company credit information sheet.**

BUSINESS & CONTACT INFORMATION				
Company Name:				
Company Contact:			Title:	
<input type="checkbox"/> Check here if an external credit information sheet is attached.				
Phone:		Fax:	E-mail:	
DUNS #:				
Registered company address:				
City:		State:	ZIP Code:	
Primary physical business address:				
City:		State:	ZIP Code:	
Date business commenced:			How long at current address?	
Entity type (Check)	Sole Proprietorship	Partnership	Corporation	Other (list):
BUSINESS / TRADE REFERENCES				
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:		Fax:	E-mail:	
Type of account:				
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:		Fax:	E-mail:	
Type of account:				
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:		Fax:	E-mail:	
Type of account:				
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:		Fax:	E-mail:	
Type of account:				
Customer Contact Information				
Sales Order Acknowledgement (SOA):			Name:	
Email:				
Invoices/ Accounting Contact:			Name:	
Email:				
Advanced Shipping Notification:			Name:	
Email:				
AGREEMENT				

1. By signing this credit application you certify the accuracy of the information contained within.
2. Standard Invoice terms are FOB-Origin, Freight Prepaid and Allow. All lumper or detention fees charged to **SEGUIN WHOLESALERS MEAT DISTRIBUTIONS LLC** will be re-billed.
3. All invoices are to be paid within 7 days from date of invoice. Failure to adhere to terms may necessitate Prepaid terms.
4. No short payments are to be made without a **SEGUIN WHOLESALERS MEAT DISTRIBUTIONS LLC** credit memo.
5. If past due invoices are placed in collections status and legal activity is initiated, buyer agrees to pay reasonable attorney fees if suit is filed.
6. All claims not initiated as outlined by **SEGUIN WHOLESALERS MEAT DISTRIBUTIONS LLC** Claim Policy & Procedures will be rejected unless due to a government related issue, product recall, or otherwise agreed upon by **SEGUIN WHOLESALERS MEAT DISTRIBUTIONS LLC**.
7. The information included in this credit application and your most recent financial statement will be used to determine the amount and conditions of credit to be extended. By submitting this application, you authorize **SEGUIN WHOLESALERS MEAT DISTRIBUTIONS LLC** to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: Date:	Title: Date:

# Streamlined Sales and Use Tax Agreement

## Certificate of Exemption

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1.  Check if you are attaching the Multi-State Supplemental form.  
 If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
2.  Check if this certificate is for a single purchase. Enter the related invoice/purchase order # \_\_\_\_\_

### 3. Please print

Name of purchaser: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purchaser's Tax ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Country of Issue: \_\_\_\_\_

If no Tax ID Number, enter one of the following: FEIN: \_\_\_\_\_ Foreign diplomat number: \_\_\_\_\_

Driver's License Number/State Issued ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Name of seller from whom you are purchasing, leasing or renting: \_\_\_\_\_

Seller's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### 4. Type of business. Circle the number that describes your business

- |    |  |    |                                    |
|----|--|----|------------------------------------|
| 01 | Accommodation and food services            | 11 | Transportation and warehousing     |
| 02 | Agricultural, forestry, fishing, hunting   | 12 | Utilities                          |
| 03 | Construction                               | 13 | Wholesale trade                    |
| 04 | Finance and insurance                      | 14 | Business services                  |
| 05 | Information, publishing and communications | 15 | Professional services              |
| 06 | Manufacturing                              | 16 | Education and health-care services |
| 07 | Mining                                     | 17 | Nonprofit organization             |
| 08 | Real estate                                | 18 | Government                         |
| 09 | Rental and leasing                         | 19 | Not a business                     |
| 10 | Retail trade                               | 20 | Other ( <i>explain</i> ) _____     |

### 5. Reason for exemption. Circle the letter that identifies the reason for the exemption.

- |   |   |   |   |
|---|---|---|---|
| A | Federal government ( <i>department</i> ) _____  | H | Agricultural production # _____           |
| B | State or local government ( <i>name</i> ) _____ | I | Industrial production/manufacturing _____ |
| C | Tribal government ( <i>name</i> ) _____         | J | Direct pay permit # _____                 |
| D | Foreign diplomat # _____                        | K | Direct mail # _____                       |
| E | Charitable organization # _____                 | L | Other ( <i>explain</i> ) _____            |
| F | Religious organization # _____                  | M | Educational Organization # _____          |
| G | Resale # _____                                  |   |   |

### 6. Sign here.

*I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.*

Signature of Authorized Purchaser

Print Name Here

Title

Date

**CUSTOMER ORDER SPECIFICATIONS**

**Ship-To Address**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Customer Contact Information**

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Order/Shipping Requirements**

Product date specification upon delivery: \_\_\_\_\_ Boxed \_\_\_\_\_ Combo/Trim

Receiving days: \_\_\_\_\_

Pallet height: \_\_\_\_\_

Chep Pallets:            YES            No

Mixed Pallets:        YES            No

Pinwheeling Pallets: YES            No

## Vendor/Remittance Information

<b>Name of Business</b>	SEGUIN WHOLESALERS MEAT DISTRIBUTIONS .CO LLC
<b>Type of Business</b>	WHOLESALERS TRADE
<b>In Business Since</b>	2026
<b>Previous Name of Business</b>	N/A
<b>Tax ID Number</b>	42-1913953
<b>DUNS Number</b>	14-564-1567
<b>Tax Exemption Status</b>	Not exempt
<b>Physical Address</b>	3650 HWY 90 ALT SEGUIN, TEXAS 78155
<b>*Remittance Address*</b>	<p><b><u>If by United States Postal Service:</u></b></p> <p>SEGUIN WHOLESALERS MEAT DISTRIBUTIONS LLC:  3650 HWY 90 ALT SEGUIN TEXAS 78155</p> <p><b><u>Wire/ACH:</u></b>            Routing: 114911577      MARION STATE BANK            SWIFT: FRSTUS44      301 W SAN ANTONIO ST            Account: 2117109      MARION, TEXAS 78124</p>
<b>Accounts Receivable Contact</b>	HEIDI M RIVERA TORRES
<b>Remittance Phone Number</b>	830-549-7856
<b>Remittance Fax Number</b>	
<b>Remittance Email Address</b>	hrivera@seguinwhlsmeatdistcom.com
<b>Preferred Payment Methods</b>	Cashier Check, EFT,Wire Transfer, ACH
<b>Terms</b>	Office Management
<b>Purchase Order Requirement</b>	Yes
<b>Blanket Purchase Order # / Single Purchase Order #</b>	Single Purchase Order #