

BUBBA'S PRODUCE Co., Inc.
"The Finest in Produce"
Customer Information

Date : _____
Firm or Corp Name : _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Accounts Payable Information

Type of Business: _____
Contact Person/Payments: _____ Contact Person/Buyer: _____
Date Business Established: _____ State Incorporated _____ Tax ID Number: _____
Parent Company or Owner: _____ Social Sec.# _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

Sales Tax Information

Taxable? **YES** **NO**

If No: provide a current Louisiana State and/or Parish Tax Exemption form

If Yes: provide a current W-9 form

Please fax or email a copy of your resale license along with completed Louisiana Resale Certificate form or your Exemption Certification or your W-9 Form to 504-945-2454 or orders@bubbasproduce.com, ATTN: Accounting

Signature: _____

For Office Use Only:

Customer Number: _____ Entered by: _____ Date Entered: _____