



FOLSOM LAKE COLLEGE
EL DORADO CENTER | RANCHO CORDOVA CENTER

10 College Parkway
Folsom, CA 95630

PURCHASE ORDER NO. CBF14026 -01

QUOTE/ORDER#_20128

PO Date: 08/01/2013

Date Required: 08/30/2013

Ordered By: GEN SIWABESSY

Requisition #: 35660

VENDOR: SF PARTY

939 POST STREET

SAN FRANCISCO CA 94109

Email: juliog@sfparty.com

SHIP TO:

FOLSOM LAKE COLLEGE
RECEIVING
10 COLLEGE PARKWAY
FOLSOM, CA 95630

BILL TO:

FOLSOM LAKE COLLEGE
ATTN: BUSINESS SERVICES
10 COLLEGE PARKWAY
FOLSOM, CA 95630

PH: 415.931.9393

FAX: 415.447.1860

| Line # | Item/Description | QTY | UOM | PO Price | Extended Amount |
|--------|--|------|-----|-----------|-----------------|
| 1 | ITEM# 1003S ICE SHAVER - SNO KONETTE | 1.00 | EA | \$819.000 | \$819.00 |
| 2 | ITEM# 1076 COUNTER TRAY - SNOCONE | 1.00 | EA | \$34.950 | \$34.95 |
| 3 | ITEM# 02052 POPCORN BAGS # 2 - CASE / 1,000 | 1.00 | | \$22.000 | \$22.00 |
| 4 | ITEM# 1060 CUPS - SNOCONE (QTY 1,000) CASE/5,000 | .20 | EA | \$166.580 | \$33.32 |
| | 20% Restocking Fee + Freight for all Returns | | | | |
| | Shipping/Handling (taxable) | | | | |

INSTRUCTIONS:

Sub Total

State Tax %

State Tax

EMAIL INVOICE TO:

Brenda Haney 916.608.6635

haneyb@flc.losrios.edu

Shipping

Total PO Amount

All shipments, invoices, and correspondence must be identified with our Purchase Order Number
Direct all deliveries and delivery documents to the SHIP TO address.
Direct all correspondence and invoices to the BILL TO address.
NO PAYMENT will be made without an invoice.

Payment Terms: NET 30

AUTHORIZED SIGNATURE AND DATE

Kathleen Fukler 8/1/13



FOLSOM LAKE COLLEGE
EL DORADO CENTER | RANCHO CORDOVA CENTER

10 College Parkway
Folsom, CA 95630

PURCHASE ORDER NO. CBF14026 -02

QUOTE/ORDER#_20128

PO Date: 08/01/2013

Date Required: 08/30/2013

Ordered By: GEN SIWABESSY

Requisition #: 35660

VENDOR: SF PARTY

939 POST STREET

SAN FRANCISCO CA 94109

Email: juliog@sfparty.com

SHIP TO:

FOLSOM LAKE COLLEGE
RECEIVING
10 COLLEGE PARKWAY
FOLSOM, CA 95630

BILL TO:

FOLSOM LAKE COLLEGE
ATTN: BUSINESS SERVICES
10 COLLEGE PARKWAY
FOLSOM, CA 95630

PH: 415.931.9393

FAX: 415.447.1860

| Line # | Item/Description | QTY | UOM | PO Price | Extended Amount |
|--------|---|------|-----|----------|-----------------|
| 1 | ITEM# 1055QT SNOOCONE SYRUP - BLUE RASPBERRY - QUART | 1.00 | EA | \$3.250 | \$3.25 |
| 2 | ITEM# 1052QT SNOOCONE SYRUP - GRAPE - QUART | 1.00 | EA | \$3.250 | \$3.25 |
| 3 | ITEM# 1053QT SNOOCONE SYRUP - ORANGE - QUART | 1.00 | | \$3.250 | \$3.25 |
| 4 | POPCORN SNACK PACK - 8 OZ. CASE / 2 | 1.00 | EA | \$27.450 | \$27.45 |
| | | | | | |
| | | | | | |
| | 20% Restocking Fee + Freight for all Returns | | | | |
| | Shipping/Handling (taxable) | | | | |

INSTRUCTIONS:

Sub Total

State Tax %

State Tax

EMAIL INVOICE TO:

Brenda Haney 916.608.6635

haneyb@flc.losrios.edu

Shipping

Total PO Amount

All shipments, invoices, and correspondence must be identified with our Purchase Order Number

Direct all deliveries and delivery documents to the SHIP TO address.

Direct all correspondence and invoices to the BILL TO address.

NO PAYMENT will be made without an invoice.

Payment Terms: NET 30

AUTHORIZED SIGNATURE AND DATE

Matthew Kubler 8/1/13

LOS RIOS COMMUNITY COLLEGE DISTRICT

American River College • Cosumnes River College • Folsom Lake College • Sacramento City College

PURCHASE ORDER TERMS AND CONDITIONS

1. **APPLICABLE LAW:** The contract resulting from this order shall be governed by the laws of the State of California
2. **COMPLETION OF ORDERS:** LRCCD reserves the right to withhold payment until order is completed.
3. **DISCOUNTS:** Please show cash payment discount offered on your invoice in connection with any discount offered, time will be computed from date of delivery of the supplies or equipment, or from date correct invoices are received in the office specified by LRCCD if the latter date is later than the date of delivery. Payment is deemed to be made for the purpose of earning discount, on the date payment is mailed or on behalf of LRCCD.
4. **INVOICES:** Invoices shall be prepared and submitted in duplicate unless otherwise specified. Invoices shall contain Purchase order number, date, description of items, sizes and quantities, unit prices, extended totals, place and date of delivery. Invoices or vouchers not on printed bill heads shall be signed by the CONTRACTOR or person furnishing the supplies or services. Every invoice shall be properly itemized. If LRCCD has not received billing for product or services within a one year period LRCCD will not be held responsible for satisfying the debt.
5. **CHANGES:** No change or modification in terms, quantities, or specifications may be made without express authorization in writing from the LRCCD Purchasing Office and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto. If unit cost of any item exceeds the amount shown by 10% or \$250.00 whichever is less do not ship. Contact LRCCD Purchasing at the phone number provided.
6. **BILL OF LADING:** If Bill of Lading is applicable to this order, send originals to "Ship to" address and duplicate Bill of Lading with invoices to "Bill to" address. All correspondence, invoices, bills of lading, shipping memos, packages, etc., must show purchase order number. If factory shipment, advise factory to comply.
7. **TRANSPORTATION CHARGES:** Invoices for prepaid transportation charges must be supported by original receipted expense bills.
8. **FOB POINT AND FREIGHT CHARGES:** Unless otherwise specified on this order, all items shall be delivered FOB Destination. No charge for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, or for any other purpose will be paid by LRCCD unless expressly included and itemized in the order. Unless otherwise shown, on "FOB Shipping Point" transactions, CONTRACTOR shall arrange for lowest cost transportation, prepay and add freight to invoice and furnish supporting freight bills if the amount exceeds \$50.00. On "FOB Shipping Point" transactions, should any shipments under this purchase order be received by LRCCD in a damaged condition and any related freight loss and damage claims filed against the carrier or carriers be wholly or partially declined with the inference that damage was the result of the act of the shipper such as inadequate packaging or loading or some inherent defect in the equipment and/or material, CONTRACTOR on request of LRCCD shall at CONTRACTOR's own expense assist LRCCD in establishing carrier liability by supplying evidence that the equipment and/or materials was properly constructed, manufactured, packaged, and secured to withstand normal transportation conditions. Shipments that are California intrastate in nature and where freight is to be borne by LRCCD shall be tendered to carriers with written instructions that rate and charges may not exceed the lowest lawful rates on file with the California Public Utilities Commission.
9. **PATENT INDEMNITY:** The CONTRACTOR shall hold LRCCD, its officers, agents and employees harmless from alleged liability of any nature or kind, including costs and attorney fees and expenses, for infringement or use of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
10. **TAXES:** Certain articles sold to LRCCD are exempt from certain Federal excise taxes. LRCCD will reimburse the CONTRACTOR for, or pay directly, all California State and local sales and use taxes applicable to this purchase.
11. **EQUAL OPPORTUNITY EMPLOYER:** The acceptance of this purchase order by a supplier of goods and services is a certification that such supplier complies with all provisions of executive order 11246 and is an equal opportunity employer.
12. **GENERAL SAFETY ORDERS:** All materials, supplies and services sold to LRCCD shall conform to the general safety orders of the State of California. All materials, except as otherwise specified, must be new and of the best quality of their respective kinds.
13. **INDEMNIFICATION:** CONTRACTOR shall indemnify, defend and hold harmless LRCCD, its trustees, officers, agents, employees and volunteers, from any and all claims, demands, suits, causes of action, damages, penalties, breaches of this agreement, infringement of patent rights, costs, expenses, violations of employee occupational health and safety laws, attorney fees, losses or liability, property damage, personal injuries to or death of persons, arising out of, alleged to have arisen out of, or relating in any way to CONTRACTOR's work to be performed under this agreement, except if caused solely by the negligence of LRCCD.
14. **TERMINATION:** LRCCD may terminate this agreement and be relieved of the payment of any consideration to CONTRACTOR should CONTRACTOR fail to perform the covenants herein contained at the time and in the manner herein provided. In the event of such termination LRCCD may proceed with the work in any manner deemed proper by LRCCD. The cost to LRCCD shall be deducted from any sum due the CONTRACTOR under this agreement and the balance if any, shall be paid the CONTRACTOR upon demand.
15. **ASSIGNMENT:** Without the written consent of LRCCD, this agreement is not assignable by CONTRACTOR either in whole or in part.
16. **PUBLIC WORKS PROJECTS:** CONTRACTOR must comply with Public Contract Code.
17. **CA LABOR CODE:** Pursuant to Section 1700, and following, the CONTRACTOR shall pay not less than the prevailing rate of per diem wages as determined by the Director of the California Department of Industrial Relations. Copies of such prevailing rate of per diem wages are on file at the Business Office of the Los Rios Community College District, 1919 Spanos Court, Sacramento, CA 95825. Those copies shall be made available to any interested party upon request. The CONTRACTOR shall forfeit, as penalty to the LRCCD, Fifty Dollars (\$50.00) for each calendar day or portion thereof, for each workman paid less than the stipulated prevailing rates for any work done under the contract by him/her or by any subcontractor under him, in violation of the provisions of such Labor Code.
18. **NOTICE:** Your employees may be exposed to hazardous substances during the course of their work while on LRCCD property. For additional information on the hazardous substances that your employees may be exposed to contact the LRCCD General Services Department at (916) 568-3048.
19. **INSURANCE:** CONTRACTOR shall, at all times, maintain in full force and effect the following insurance: Workers' Compensation, Commercial General Liability, Auto Liability, and Professional Liability if licensed professional. Policy limits for each shall be at least \$1,000,000 AND \$3,000,000 AGGREGATE for bodily injury, personal injury and property damage. Any combination of General Liability and Excess Coverage can be combined to meet the Aggregate. LRCCD shall be named as an additional insured on CONTRACTOR's policies. The CONTRACTOR shall provide a certificate of insurance and required endorsements to comply with this section at least 15 days prior to commencement of work under this contract. The certificate shall state that LRCCD will be given 30 days notice of any material change or cancellation in coverage.
20. **DISQUALIFIED EMPLOYEES:** CONTRACTOR shall ensure that persons who perform services on LRCCD property have not been convicted of any felony, or any controlled substance offense or any sex offense as those terms are defined by Education Code section 87008-87010. If LRCCD determines that any person employed by CONTRACTOR to work on LRCCD property is incompetent, unfaithful, intemperate, disorderly, abusive or is otherwise unsatisfactory, CONTRACTOR shall cause that employee to be removed from working on LRCCD property immediately, and that person shall not be employed again on LRCCD property.
21. **WORK AUTHORIZATION:** Prior to LRCCD's acceptance of this Agreement, CONTRACTORS who are not U.S. citizens must provide verification of (a) work authorization status from the appropriate U.S. Department of State; (b) a copy of their U.S. visa; (c) the number of days present in the U.S.; and (d) tax treaty status. LRCCD shall not make any payments to CONTRACTOR unless CONTRACTOR holds the appropriate U.S. visa. CONTRACTOR is responsible for ensuring they are in possession of the appropriate visa.
22. **WARRANTY:** CONTRACTOR expressly warrants that all materials, goods, equipment, services, and/or labor shall conform to the requirements set forth or incorporated into this order and any applicable industry standards or requirements, shall be merchantable and free from defects in workmanship, materials and/or design (including latent defects), and shall perform as specified. CONTRACTOR further warrants that all materials, goods, equipment, services, and/or labor will be fit and sufficient for the particular purposes intended by LRCCD. Unless agreed upon otherwise between LRCCD and CONTRACTOR, the warranty period shall be the longer of: (a) any express warranty included in this service agreement; (b) one year after the materials, goods, equipment, services, and/or labor are accepted by LRCCD; or (c) any warranty period provided under any applicable California law.

SFPARTY
 939 POST STREET
 SAN FRANCISCO, CA 94109
 (415) 931-9393

Order No: 448243
 Date: 07/03/13
 Page: 1

| | |
|---|--|
| Sold To: GENIEVIEVE SIWABESSY LOS RIOS COMMUNITY COLLEGE DIS 1919 SPANOS CT SACRAMENTO, CA 95825 | Customer No: 20128 Phone No: 916-568-3071 |
|---|--|

| |
|---|
| Ship To: 10 COLLEGE PWY FOLSOM, CA 95630 |
|---|

Cust. Order #: QUOTE

Salesperson: #29 - Julio

| Product Code | Item Description | Qty | Unit Price | Amount | |
|--------------|--------------------------------|-----|------------|---------|---|
| 1003S | SNO-KONETTE ICE SHAVER | 1 | 819.00 | 819.00* | ✓ |
| ✓1055QT | SNOcone QUART BLUE RASPBERRY | 1 | 3.25 | 3.25 | ✓ |
| ✓1052QT | SNOcone QUART GRAPE SYRUP | 1 | 3.25 | 3.25 | ✓ |
| ✓1053QT | SNOcone QUART ORANGE SYRUP | 1 | 3.25 | 3.25 | ✓ |
| 1060 | SNOcone CUPS CASE 5,000 | 0.2 | 166.58 | 33.32* | ✓ |
| | 1,000 CONES | | | | |
| ✓1076 | SNOcone COUNTER TRAY | 1 | 34.95 | 34.95* | ✓ |
| ✓2838 | POPCORN SNACK PACK 8OZ. CASE 2 | 1 | 27.45 | 27.45 | ✓ |
| 02052 | POPCORN BAGS #2 CASE 1,000 | 1 | 22.00 | 22.00* | ✓ |
| DELIVERY GM | DELIVERY CHARGE GOLD MEDAL | 1 | 0.00 | 0.00 | |

PO# CBF 14026-01 Taxable Items \$ 982.01

PO# CBF 14028-02 Non Taxable Items \$31.20

| | |
|------------|---------|
| Sub-Total: | 946.47 |
| : | |
| Shipping: | 0.00 |
| Tax [8]: | 72.74 * |
| <hr/> | |
| Total: | 1019.21 |

Thank You
 Prices subject to change
 without prior notice!

| | |
|--------------|---------|
| Amount Paid: | 0.00 |
| Amount Due: | 1019.21 |
| Change: | 0.00 |

5890 - 134.69
 6490 - 884.52

 1019.21

} See Reverse Side
 for detail.

FOLSOM LAKE COLLEGE
EL DORADO CENTER-RANCHO CORDOVA CENTER
F.L.C. BUSINESS SERVICES

CHECK ONE

- ASG(71,72)
- College Act. Trust(81)
- Foundation(83)
- IR(13,14)
- Three Stages(55)

CAMPUS-BASED REQUISITION

7/15/13
DATE

2013 JUL 32 A 8:50

Aug 1

35660

VENDOR SF Party
 ADDRESS 939 Post St.
 CITY San Francisco
 STATE CA ZIP 94109

REQ. # CBF _____
 PO REQUIRED(circle one) YES NO
 P.O. # CBF 14026-01 & 14026-02
 DATE REQUIRED _____

| ITEM | DESCRIPTION | QTY | UNIT | UNIT PRICE | TOTAL |
|------|---|-----|------|------------|--------|
| 1 | *Purchase Order Request* | | | | |
| 2 | #2838 Mega Pop Corn Oil Salt Kits | 1 | Case | 27.45 | 27.45 |
| 3 | #2052 O.G. Popcorn Bags | 1 | Case | 22.00 | 22.00 |
| 4 | (voted in October CAEB meeting) | | | | |
| 5 | #10588 Shave Fro | 1 | | 819.00 | 819.00 |
| 6 | #10604 Shocone Cups | 1 | Case | 33.32 | 33.32 |
| 7 | #10706 Shocone Tray | 1 | | 34.95 | 34.95 |
| 8 | #10520 Shocone Quarts - Grape | 1 | | 3.25 | 3.25 |
| 9 | #10530 Shocone Quarts - Orange | 1 | | 3.25 | 3.25 |
| 10 | #10550 Shocone Quarts - ^{Blue} Raspberry | 1 | | 3.25 | 3.25 |

Check Distribution

Call Student, Hold for pick up # _____
 Call _____, Hold for pick up # _____
 Forward to _____
 Inter-Campus mail to _____
 USPS mail _____
 Other _____

Shocone supplies voted in May CAEB mtg.

| | |
|--------------|----------------|
| Sub-Total | 946.47 |
| Sales Tax | 72.74 |
| Freight | — |
| TOTAL | 1019.21 |

CAEB - EGPT BANFL/0490 /71 /FL.VS.LIFE/0000/50014 50014 50014 50014
 Account Name Bus Unit Account Fund Department Program Class Project Amount
 CAMPUS
 CAEB - ACTIVITIES BANFL5890 /71 FL.VS.LIFE/0000/50014 50014 50014 50014
 Account Name Bus Unit Account Fund Department Program Class Project Amount

884.52
~~884.52~~

AUTHORIZED Jonathan Island Reyes
 Club Officer/Requestor
 APPROVED _____
 Faculty Advisor/Administrator

Business Services Use Only

Budget Checked D Vendor ID 1386
 Voucher # _____ Date _____
 Warrant # _____ Date _____



#1386

American River College ■ Cosumnes River College ■ Folsom Lake College ■ Sacramento City College

VENDOR PACKET

Vendor Packet Check List

1. REVIEW/INFORMATION ONLY:

Purchase Order Terms and Conditions

Insurance Requirements for vendors providing onsite or contract services

2. COMPLETE AND RETURN:

Vendor Application

W-9

VENDOR NAME: SF PARTY

Return the following via email, mail or fax:

Application W9

Email to - Folsom Lake College, Business Services: haneyb@flc.losrios.edu

Mail - Folsom Lake College, Business Services 10 College Parkway, Folsom CA 95630

Fax - (916) 608-6553

916-608-6553



LOS RIOS
COMMUNITY COLLEGE DISTRICT
 1919 Spanos Court ■ Sacramento, CA 95825
 PURCHASING DEPARTMENT (916) 568-3071
 Fax (916) 568-3145 ■ lrccdpurchase@losrios.edu

VENDOR APPLICATION

Return signed completed form to Purchasing via fax or email.

NAME: Don Carter, President

| NAME OF FIRM <u>SF Party</u> | | FEDERAL ID# OR SOCIAL SECURITY # <u>94 - 15099601</u> | | | | | | | | | | | | | |
|--|-------------------------|--|------------------|-------|--------------|------------------|--|--|--|--|--|--|--|---|--|
| MAILING ADDRESS <u>939 Post St. SF, CA 94109</u> | | REMIT ADDRESS <u>Same</u> | | | | | | | | | | | | | |
| PHONE <u>415-931-9393</u> | FAX <u>415-947-1860</u> | EMAIL <u>Julia@sfparty.com</u> | | | | | | | | | | | | | |
| WEBSITE <u>www.sfparty.com</u> | | ORGANIZATION CLASSIFICATION (Check all that apply) | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Title/Capacity</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td><u>Julia</u></td> <td><u>Sales Mgr</u></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | Name | Title/Capacity | Email | <u>Julia</u> | <u>Sales Mgr</u> | | | | | | | | Individual _____ MBE Partnership _____ WBE Non Profit _____ DVBE <u>CA</u> Corporation (List State Incorporated) Contractor's License # _____ | |
| | | Name | Title/Capacity | Email | | | | | | | | | | | |
| | | <u>Julia</u> | <u>Sales Mgr</u> | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT

| | | |
|--|--|--|
| <u>Concession Supplies & equipment</u> | | |
| | | |
| | | |
| | | |

VENDOR CERTIFICATION

I certify that all statements contained herein are correct, understand that this information will be used as a basis for evaluating my request to receive bid invitations for purchases, understand that being placed on the qualified vendor bid list does not in any way represent an endorsement of my firm by Los Rios nor does it relieve my firm of providing bonds and insurances as required. I further agree to disclose any known or potential conflicts of interest relating to my business and Los Rios, understand the requirements for fulfilling and invoicing orders, further certify this firm is an equal opportunity employer.

J INITIALS

OTHER BUSINESS INFORMATION

Payment Terms Net 30 day Discounts Extended _____
 Refund/Returns 20% restock fee + freight

Don Carter SIGNATURE President TITLE 6/20/13 DATE

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

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

Kindel & Graham Inc dba SF PARTY

Check appropriate box for federal tax classification:

- Individual/sole proprietor
- C Corporation
- S Corporation
- Partnership
- Trust/estate
- Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)
- Other (see instructions)

Exempt payee

Address (number, street, and apt. or suite no.)

939 Post St

City, state, and ZIP code

SAN FRANCISCO CA 94109

Requester's name and address (optional)

Julio Giron

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

| | | |
|----|---|----------|
| 94 | - | 15099601 |
|----|---|----------|

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).

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 4.

Sign Here Signature of U.S. person

[Handwritten Signature]

Date *6/28/13*

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

General Instructions

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

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, 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:

- 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.



A Division of Kindel & Graham

CREDIT APPLICATION INFORMATION

Company & Legal Business Name: Folsom Lake College / Folsom Lake College

Billing & Mailing Address: 10 College PKWY
Folsom CA 95630

Phone: 916.608.6635

Fax: 916.608.6553

Years At This Address: _____

Organization Type: Community College

Federal ID #: _____

Type of Business: Educational Institution

Seller's Permit#: N/A

Owner: Refer to letter

Bank: of Credit

Account No: _____

Credit References (Business Name, Account Number & Phone)

1. Refer to letter of Credit
2. _____
3. _____

This information given in the application is for the purpose of obtaining credit and is warranted to be true. We agree to pay invoices according to the terms and credit limit granted.

Signed: Refer to letter of Credit

Name: _____

Date: _____