

# BLACK *Diesel* COFFEE

## Wholesale On Boarding Process

- Step I - Complete / Submit Wholesale Application Documents
- *Wholesale Application*
  - *W9*
  - *Any application state sales tax exemption*
  - *Submit to [wholesale@blackdieselcoffee.com](mailto:wholesale@blackdieselcoffee.com)*
- Step II On notification of account establishment, you will receive an invitation to the 'BDCS Wholesale Ordering Portal'. Complete as follows:
1. Activate account from email invitation
  2. Create Password
  3. Order a single 100g Sample Coffee (any coffee) - \$ 5.00
- Step III Anticipate an emailed invoice from Payment Portal – [Paywholesail.com](https://paywholesail.com)
1. Accept invitation to create payment portal profile
  2. Set up preferred payment option
  3. Recommend establishing 'Auto Pay'
  4. Remit Payment on \$ 5.00 Invoice
- Step IV Receive Statement Credit
1. \$ 5 Credit Memo for remittance of initial invoice
  2. \$ 100 Credit Memo for establishing 'AutoPay'
- Step V Account Payment Terms Established
- **Due On Receipt**  
Unsuccessful wholesale ordering and / or payment portal activation.
  - **Net 7 Days**  
Single Product Wholesale Client (*ex. coffee*) with successful wholesale ordering and online payment remittance.
  - **Net 10 Days**  
Multi Product Wholesale Client (*ex. coffee + sauce*) with successful wholesale ordering and online payment remittance **OR** single product and 'AutoPay' selected.
  - **Net 14 Days**  
Multi Product Wholesale Client (*ex. coffee + nondairy*) with successful wholesale ordering and online payment remittance **AND** 'AutoPay' selected.

**\*\* Note: If multiple parties need access to the ordering portal recommend an easy to remember password that can be shared. \*\***

BLACK *Diesel* COFFEE  
New Account Application

DATE: \_\_\_\_\_

REP: \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

Title \_\_\_\_\_ Personal Email \_\_\_\_\_

Phone \_\_\_\_\_ Email for Ordering Portal \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email for Payment Portal \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Country \_\_\_\_\_ Web Site URL \_\_\_\_\_

**Shipping Information** - *(If different from above)* \* **Is this a Residence?** Yes No

ATTN (Name/Dept) \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Country \_\_\_\_\_ **\*\* Please mark above if this is a personal residence.**

**Client Business Info:** *(please circle answers where appropriate)*

Business Entity: Sole Proprietor LLC S Corp C Corp Partnership

Principle / Owner / Officer: Name: \_\_\_\_\_ Home Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Business Type: Retail Wholesale Distribution Other: \_\_\_\_\_

Do you have a RESALE LICENSE? **YES / NO** *(include copy)*

Federal Employer Tax ID No. # \_\_\_\_\_

Is the business Sales Tax Exempt?\* Equipment **Yes / No** and / or Supplies **Yes / No** *\*(include w/ paperwork)*

**Interested In:** Wholesale Coffee · Pacific - Non-Dairy Alternatives · 1883 Syrups · Steven Smith Teas · Hollander Sauces

**Payment Info:**

Initial orders must be paid by Credit Card, thereafter if you would like credit terms, please provide on a separate sheet three (3) trade references.

**Credit Card Info:** # \_\_\_\_\_ Exp. \_\_\_\_\_ CSV: \_\_\_\_\_

CREDIT CARD BILLING ADDRESS \*\* IF DIFFERENT FROM COMPANY ADDRESS

Name \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal \_\_\_\_\_

I hereby authorize Black Diesel Coffee Services, LLC to verify the information provided, to review for consideration open terms, and the ability to collect on any sums due. Further, acknowledge that any past due amounts may be assessed a late fee at the sole discretion of Black Diesel Coffee Services, LLC.

BY: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed application by email; [wholesale@blackdieselcoffee.com](mailto:wholesale@blackdieselcoffee.com)**

2232 S. Main Street, # 205 · Ann Arbor, MI 48103 · T 734-228-3800

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://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 <b>one</b> of the following seven boxes.		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) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> 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 <b>not</b> 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) ▶ _____		
	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 Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									

## 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## 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](http://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.*

# Michigan Sales and Use Tax Certificate of Exemption

**INSTRUCTIONS: DO NOT send to the Department of Treasury. Certificate must be retained in the seller's records.** This certificate is invalid unless all four sections are completed by the purchaser.

## SECTION 1: TYPE OF PURCHASE

- A. One-Time Purchase  
Order or Invoice Number: \_\_\_\_\_
- B. Blanket Certificate. Recurring Business Relationship
- C. Blanket Certificate  
Expiration Date (maximum of four years): \_\_\_\_\_

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made from the vendor listed below. This certifies that this claim is based upon the purchaser's proposed use of the items or services, OR the status of the purchaser.

Vendor's Name and Address

Black Diesel Coffee Services, LLC - 2232 S. Main Street, #205 Ann Arbor, MI 48103

## SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

1.  All items purchased.
2.  Limited to the following items: \_\_\_\_\_

## SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

1.  For Lease. Enter Use Tax Registration Number: \_\_\_\_\_
2.  For Resale at Retail. Enter Sales Tax License Number: \_\_\_\_\_

The following exemptions DO NOT require the purchaser to provide a number:

3.  Agricultural Production. Enter percentage: \_\_\_\_\_%
4.  Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization).
5.  Contractor (must provide *Michigan Sales and Use Tax Contractor Eligibility Statement* (Form 3520)).
6.  For Resale at Wholesale.
7.  Industrial Processing. Enter percentage: \_\_\_\_\_%
8.  Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization (must provide IRS authorized letter with this form).
9.  Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994 (must provide copy of letter with this form).
10.  Rolling Stock purchased by an Interstate Motor Carrier.
11.  Qualified Data Center
12.  Other (explain): \_\_\_\_\_

## SECTION 4: CERTIFICATION

*I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.*

Business Name		Type of Business (see codes on page 2)
Business Address		City, State, ZIP Code
Business Telephone Number (include area code)		Name (Print or Type)
Signature and Title		Date Signed

## Instructions for completing *Michigan Sales and Use Tax Certificate of Exemption (Form 3372)*

**Purchasers** may use this form to claim exemption from Michigan sales and use tax on qualified transactions. It is the Purchaser's responsibility to ensure the eligibility of the exemption being claimed. All claims are subject to audit. Non-qualified transactions are subject to tax, statutory penalty and interest.

**Sellers** are required to maintain records, paper or electronic, of completed exemption certificates for a period of four years. Michigan does not issue "tax exempt numbers" and a seller may not rely on a number for substitution of an exemption certificate. Other documentation that sellers in the State of Michigan may accept are the Uniform Sales and Use Tax Certificate approved by the Multistate Tax Commission, the Streamlined Sales and Use Tax Agreement Certificate of Exemption, the same information in another format from the purchaser, or resale or exemption certificates or other written evidence of exemption authorized by another state or country.

### SECTION 1:

Place a check in the box that describes how you will use this certificate.

- A) Choose "One-Time Purchase" and include the invoice number this certificate covers.
- B) Choose "Blanket Certificate" if there is a "recurring business relationship." This exists when a period of not more than 12 months elapses between sales transactions between the seller and purchaser.
- C) Choose "Blanket Certificate" and enter the expiration date (maximum four years) when there is a period of more than 12 months between sales transactions.

Print the vendor's name and address in the area provided.

### SECTION 2:

Place a check in the box for "All items purchased" or choose "Limited to" and list the items that are covered by the exemption claim.

### SECTION 3:

Place a check in the box that applies and provide the additional information requested for that exemption. The exemptions listed are the most common. If the exemption you are claiming is not listed use "Other" and enter the qualifying exemption.

### SECTION 4:

Use the number that describes your business or explain any other business type not provided.

01	Accommodations	10	Utilities
02	Agricultural	11	Wholesale
03	Construction	12	Advertising, newspaper
04	Manufacturing	13	Non-Profit Hospital
05	Government	14	Non-Profit Educational
06	Rental or leasing	15	Non-Profit 501(c)(3) or 501(c)(4)
07	Retail	16	Qualified Data Center
08	Church	17	Other
09	Transportation		

Print the name of the business, address, city, state and ZIP code. Sign and provide your title (i.e. owner, president, treasurer, etc.). Provide your printed name and date the certificate.

**DO NOT SEND THIS EXEMPTION CERTIFICATE TO THE DEPARTMENT OF TREASURY.**