



# DOVER FOOD RETAIL FIELD SERVICE AND WARRANTY POLICIES AND PROCEDURES

**“How To” Guide for New and Existing Suppliers**

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## DOVER FOOD RETAIL FIELD SERVICE & WARRANTY PROCEDURES

### **Customers, Contractor Partners, Representatives and Dealer Groups**

**\*For all Service and Warranty questions please call (833)280-5714\***

Dover Food Retail (DFR) is the joining of the industry leading brands from Anthony and Hillphoenix. Our Field Support and Warranty teams have united to provide excellent care and support. The following guide provides policies and procedures for requesting service and Work Authorizations:

#### NEW SUPPLIERS/CONTRACTORS:

The following forms within this packet are to be completed and submitted in their entirety before becoming a new supplier for Dover Food Retail:

- ✓ W9 (W8 if in Canada)
- ✓ ACH Banking Form for payments (this is located directly after the questionnaire)
- ✓ The most recent copy of your company's Certificate of Insurance

This packet also includes a questionnaire inviting service contractors to share their product knowledge of Hillphoenix and Anthony's Doors and Frames Products. Please respond honestly about product knowledge, rates and service areas.

**New and Existing Suppliers submit all required documents to [serviceinvoice@doverfoodretail.com](mailto:serviceinvoice@doverfoodretail.com).**

#### EXISTING SUPPLIERS/CONTRACTORS

Please submit to the email above the following changes on the company's letterhead:

- ✓ Company Name change
- ✓ Address change
- ✓ Banking information
- ✓ Insurance coverage

Also include a new W9 (W8 if in Canada), ACH Banking Form, and new Certificate of Insurance.

**PLEASE NOTE: A failure to submit as request can result in delays and or rejection of payments**

#### REQUIREMENTS FOR BOTH NEW AND EXISTING SUPPLIERS/CONTRACTORS

The following information is required for all Work Authorizations prior to the work being performed.

- ✓ Store location name, address and telephone number
- ✓ Product ID (Serial number, work order number)
- ✓ Clear explanation of the issue or failure experienced.

Service Contractors performing the service must provide an "Estimated Amount to Repair" price with each request. All Work Authorizations will be emailed to the contractor with clear instructions of work to be performed including a 'Not to Exceed' billable amount.

**PLEASE NOTE: DFR has a standard 45 days payment term. Canadian invoices will be paid in U.S. dollars. Any invoice received in C.A.D. will be converted and paid to U.S.D. Submit all invoices to [serviceinvoice@doverfoodretail.com](mailto:serviceinvoice@doverfoodretail.com)**

## ADDITIONAL INFORMATION FOR NEW AND EXISTING SUPPLIERS

### Dover Food Retail does not cover costs associated with:

- ✓ First on-site troubleshooting visits unless pre-approved
- ✓ Parts used when not provided by DFR. We will provide all replacement parts when necessary
  - If the required warranty part is not in stock or the part is crucial to the proper function of the unit, a Warranty Specialist or Field Support Engineer (FSE) may issue authorization for the part to be acquired locally by the service provider/contractor
- ✓ Unauthorized service not issued a work authorization prior to service taking place
- ✓ Overtime, unless prior approval is provided in writing
- ✓ Routine maintenance
- ✓ Setting and glass adjustments
- ✓ Installation issues
- ✓ Store ambient conditions, outside the equipment's specifications
- ✓ Location or placement of equipment in adverse locations
- ✓ Exceeding the load limit
- ✓ Operated with incorrect voltage

For questions regarding installation, or other technical support call (833)280-5714

For document or invoices, please submit them to [serviceinvoice@doverfoodretail.com](mailto:serviceinvoice@doverfoodretail.com)

## WORK AUTHORIZATIONS AND INVOICE PROCEDURES

### **Submitting Invoices**

Dover Food Retail (DFR) encompasses goods from the Hillphoenix and Anthony Suite of Products which are: Case, Specialty Case, Rack Systems, Specialty Glass, and Doors & Frames. Key information is outlined within this document to assist service contractors in obtaining work authorizations and properly submitting their invoices.

### HOW TO OBTAIN A WORK AUTHORIZATION

The following are the steps that must be followed when submitting a NON-Emergency Work Authorization

- ✓ Contact your local Field Support Engineer. The Field Support Map can be found at <https://www.hillphoenix.com/resources/warrantyauthorization-procedure>. All warranty repairs must be approved in advance before services are started.
- ✓ The contractor must detail the scope of work including parts cost(Model/Serial Number when applicable) and labor cost so a Work Authorization can be completed and approved.
- ✓ A DFR Work Authorization will be emailed to the service contractor.

**NOTE:** The contractor must obtain the Work Authorization first before any work can be performed. An Approved Work Authorization will only be dispatched by Warranty and Field Support Group.

Once a Work Authorization has been issued, the contractor has up to **120 days** from the time issued to submit the invoice for payment. **After 120 days**, the Work Authorization will automatically be cancelled without exception and any invoices submitted after that will be denied for payment and returned to you. For all emergency, after hours, weekend, or holiday repairs a Work Authorization must:

- ✓ Request a Work Authorization the next business day from the Field Support Engineer
- ✓ The work must be performed in accordance with DFR Warranty Policy.

### **HOW TO SUBMIT AN INVOICE FOR PAYMENT**

The following steps are how to submit an invoice. Failure to follow the procedures will result in delay and or denial of payment. When submitting an invoice for payment the contractor must:

- ✓ Have within the invoice a reference of the Work Authorization under the PO# Field
- ✓ The total amount of the invoice should not exceed the Approved Work Authorization. Any changes to the original Work Authorization must be approved in advance by the Field Support Engineer. DFR will not accept responsibility for costs exceeding the authorized amount.
- ✓ The complete model and serial number of all equipment worked on must be noted within the invoice. Excluding this will delay the payment process and could result in denial of payment.
- ✓ Attach a copy of the Work Authorization to the invoice. Invoice received without a Work Authorization will be denied payment.
- ✓ Attach a copy of the wholesaler's invoice if parts are purchased and are a part of the invoice amount. Invoice received without this will result in delays and or denial of payment.
- ✓ When requested, failed or defective parts must be returned to DFR. A Return Materials Authorization (RMA), if issued, will include instructions and return address information.

**Submit all that's requested above along with the invoice to [serviceinvoice@doverfoodretail.com](mailto:serviceinvoice@doverfoodretail.com)**

If you receive communication requesting additional information pertaining to the work performed, such as correct model, serial number or work order number, you will have 30 days in which to respond. If DFR does not receive the information within 30 days, the invoice will be denied and returned to you.

DFR warranty is subject to the conditions contained in each Manufacturer's Warranty Policy which can be found in the back of the Installation Manual that accompanied the equipment when it was originally delivered. A copy of the Warranty Policy is available with this document.

### **AT A GLANCE**

**For invoice submission: [serviceinvoice@doverfoodretail.com](mailto:serviceinvoice@doverfoodretail.com)**

**For Field Support Map with Field Support Engineer contact information and or to request Work Authorizations <https://www.hillphoenix.com/resources/warrantyauthorization-procedure>**

**For all Service and Warranty questions please call (833)280-5714**

Hill PHOENIX, Inc.  
Hereinafter Referred  
To As Manufacturer

## LIMITED WARRANTY

### GENERAL WARRANTY

Manufacturer's products are warranted to be free from defects in materials and workmanship under normal use and maintenance for fourteen months from date of shipment from manufacturer (the "Base Warranty Period"). In the event of a qualifying warranty claim, a new or rebuilt part to replace any defective part will be provided without charge. The replacement part is covered under this warranty for the remainder of the applicable Base Warranty Period. In order to be eligible for warranty coverage, customer must: (i) notify Manufacturer promptly upon discovery of a warrant defect, and (ii) comply with the warranty claim procedures provided by Manufacturer from time to time.

This equipment warranty does not include labor or other costs incurred for diagnosing, repairing, removing, installing, shipping, servicing, or handling of either defective parts or replacement parts.

The warranty shall not apply:

1. To any unit or any part thereof which has been subject to accident, alteration, negligence, misuse or abuse, or which has not been operated in accordance with the manufacturer's recommendations, or in conditions outside of Manufacturer's specifications, or if the serial number of the unit has been altered, defaced, or removed.
2. When the unit, or any part thereof, is damaged by fire, flood, or other act of God.
3. To products that are impaired or damaged due to improper installation.
4. When installation and startup forms are not properly completed or returned within two weeks after startup.
5. If the defective part is not returned to the Manufacturer.
6. To service, maintenance or wear and tear parts (such as lights, starters and ballasts)

### MODIFICATIONS TO GENERAL WARRANTY

The following sets forth certain modifications to the General Warranty for specific products of

Manufacturer: DISPLAY CASE AND SPECIALTY PRODUCTS CLEARVOYANT® LED LIGHTING

The warranty period for Clearvoyant LED lighting components within the Clearvoyant lighting system is five years from date of shipment.

### REMEDY LIMITATION/DAMAGES EXCLUSION

THE REMEDY OF REPAIR OR PROVISION OF A REPLACEMENT PART WITHOUT CHARGE SHALL BE THE EXCLUSIVE REMEDY FOR ANY WARRANTY CLAIM HEREUNDER. WITHOUT LIMITING THE FOREGOING, MANUFACTURER SHALL NOT BE LIABLE UNDER ANY CIRCUMSTANCES FOR INCIDENTAL, INDIRECT OR CONSEQUENTIAL DAMAGES, INCLUDING LOSS OF PROFIT, LABOR COST, LOSS OF REFRIGERANT OR FOOD PRODUCTS.

### EXCLUSIVE WARRANTY

THE FOREGOING WARRANTY IS THE EXCLUSIVE WARRANTY WITH RESPECT TO THE PRODUCTS. ALL OTHER WARRANTIES, WHETHER EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION, THE WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, ARE HEREBY DISCLAIMED AND EXCLUDED. NO IMPLIED WARRANTY SHALL BE DEEMED CREATED BY COURSE OF DEALING OR USAGE OF TRADE. NO OTHER PERSON IS AUTHORIZED TO EXPAND OR CREATE ANY OBLIGATION GREATER THAN OR MORE EXPANSIVE THAN THE WARRANTY PROVIDED HEREIN.

Email warranty claims to: [serviceinvoice@doverfoodretail.com](mailto:serviceinvoice@doverfoodretail.com)

For service and warranty questions please call: (833)280-5714



Hill PHOENIX, Inc.  
Hereinafter Referred  
To As Manufacturer

## **LIMITED WARRANTY SMALL FORMAT CASE MODEL LISTED BELOW**

MODELS COVERED: CF-2S-SFC, CF-4S-SFC, CF-FS-4S-SFC, CF-S-4S-SFC, HVI-3-304R-EC-SFC, HVI-3-304S-EC-SFC, HVI-3-305R-EC-SFC, HVI-3-305S-EC-SFC, HVI-3-305S-SFC, HVI-3-406R-EC-SFC, HVI-3-406S EC-SFC, HVI-3-406S-SFC, PT-4R-34-SFC, PT-6R-34-SFC, PT-8R-34-SFC, PT-10R-34-SFC, PT-12R-34-SFC, PT -4R-39.5-SFC, PT-6R-39.5-SFC, PT-SR-39.5-SFC, PT-10R-39.5-SFC, PT-12R-39.5-SFC.

### **GENERAL WARRANTY**

Manufacturer's products are warranted to be free from defects in materials and workmanship under normal use and maintenance for fourteen months from date of shipment from manufacturer (the "Base Warranty Period"). In the event of a qualifying warranty claim, a new or rebuilt part to replace any defective part will be provided without charge. The replacement part is covered under this warranty for the remainder of the applicable Base Warranty Period. In order to be eligible for warranty coverage, customer must (i) notify Manufacturer promptly upon discovery of a warrant defect, and (ii) comply with the warranty claim procedures provided by Manufacturer from time to time.

This equipment warranty for tine case models listed includes one year labor and/or other costs incurred for diagnosing, repairing, removing, installing, shipping, servicing, or handling of either defective parts or replacement parts.

The warranty shall not apply:

1. To any unit or any part thereof which has been subject to accident, alteration, negligence, misuse or abuse, or which has not been operated in accordance with the manufacturer's recommendations, or in conditions outside of Manufacturer's specifications, or if the serial number of the unit has been altered, defaced, or removed.
2. When the unit, or any part thereof, is damaged by fire, flood, or other act of God.
3. To products that are impaired or damaged due to improper installation.
4. When installation and startup forms are not properly completed or returned within two weeks after startup.
5. If the defective part is not returned to the Manufacturer.
6. To service, maintenance or wear and tear parts (such as lights, starters, and ballasts)

### **MODIFICATIONS TO GENERAL WARRANTY**

The following sets forth certain modifications to the General Warranty for specific products of Manufacturer:

#### **FOOD DISPLAY PRODUCTS CLEARVOYANT® LED LIGHTING**

The warranty period for Clearvoyant® LED lighting components within the Clearvoyant lighting system is five years from date of shipment.

### **REMEDY LIMITATION/DAMAGES EXCLUSION**

THE REMEDY OF REPAIR OR PROVISION OF A REPLACEMENT PART WITHOUT CHARGE SHALL BE THE EXCLUSIVE REMEDY FOR ANY WARRANTY CLAIM HEREUNDER. WITHOUT LIMITING THE FOREGOING. MANUFACTURER SHALL NOT BE LIABLE UNDER ANY CIRCUMSTANCES FOR INCIDENTAL, INDIRECT OR CONSEQUENTIAL DAMAGES, INCLUDING LOSS OF PROFIT, LABOR COST, LOSS OF REFRIGERANT OR FOOD PRODUCTS.

### **EXCLUSIVE WARRANTY**

THE FOREGOING WARRANTY IS THE EXCLUSIVE WARRANTY WITH RESPECT TO THE PRODUCTS. ALL OTHER WARRANTIES, WHETHER EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION, THE WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, ARE HEREBY DISCLAIMED AND EXCLUDED. NO IMPLIED WARRANTY SHALL BE DEEMED CREATED BY COURSE OF DEALING OR USAGE OF TRADE. NO OTHER PERSON IS AUTHORIZED TO EXPAND OR CREATE ANY OBLIGATION GREATER THAN OR MORE EXPANSIVE THAN THE WARRANTY PROVIDED HEREIN.

**Submit warranty claims to:** [serviceinvoice@doverfoodretail.com](mailto:serviceinvoice@doverfoodretail.com)

**For service and warranty questions please call: (833)280-5714**



## NEW CONTRACT QUESTIONNAIRE

COMPANY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SERVICE DISPATCH CONTACT NAME & EMAIL: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

AR CONTACT & EMAIL: \_\_\_\_\_

REMIT TO ADDRESS: \_\_\_\_\_

REMIT TO EMAIL: \_\_\_\_\_

### PRODUCT KNOWLEDGE

Years Working on Anthony Products \_\_\_\_\_

Years Working on Hillphoenix Products \_\_\_\_\_

Doors: Cooler \_\_\_\_\_ Freezer \_\_\_\_\_

Setting Cases: \_\_\_\_\_

Frames: Cooler \_\_\_\_\_ Freezer \_\_\_\_\_

Wiring: \_\_\_\_\_

Gaskets: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Heaters: \_\_\_\_\_

Startup: \_\_\_\_\_

LED's/Drivers: \_\_\_\_\_

Case to Case Sealing: \_\_\_\_\_

T8's/Ballast: \_\_\_\_\_

Glycol: \_\_\_\_\_

CO2: \_\_\_\_\_

### RATES & CHARGES

Hourly Labor: \_\_\_\_\_

Trip Charges: \_\_\_\_\_

OT Hours/Days: \_\_\_\_\_

Fuel/Mileage: \_\_\_\_\_

Upcharges: \_\_\_\_\_

Trip Radius/Limits: \_\_\_\_\_

Turnaround: \_\_\_\_\_

Number of Techs: \_\_\_\_\_

Please provide all dispatch locations and service areas covered. Only submit multiple forms if billing is separate for each location.

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Please email this form back to [serviceinvoice@doverfoodretail.com](mailto:serviceinvoice@doverfoodretail.com) so that we may review. Thank you and we look forward to doing business with you.



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
00/00/00

<b>PRODUCER</b> Your Agent or Broker  Address City, State Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.  <b>INSURERS AFFORDING COVERAGE</b>
<b>INSURED</b> Your Company Name  Address City, State Zip	INSURER A: Your Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b>	Your Policy No.	00/00/00	00/00/00	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 1000000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	<b>AUTOMOBILE LIABILITY</b>	SPECIMEN ONLY			COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	<b>OTHER</b>				

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

W/respect to the Atlanta Boat Show 1/3/08 to 1/15/08 (including move-in/move-out), NMMA and the Georgia World Congress Center are included as additional insureds.

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b>
Atlanta Boat Show c/o NMMA (fax: 954-430-4171) 9050 Pines Blvd. Pembroke Pines, FL 33024	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE

# 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.

<b>Print or type.</b>	<b>See Specific Instructions on page 3.</b>	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
		<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
		<p><b>3</b> 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.</p> <p> <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             </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____             </p> <p><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.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____             </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the U.S.)</i></p>
		<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
		<p><b>6</b> City, state, and ZIP code</p>	
		<p><b>7</b> List account number(s) here (optional)</p>	

## 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.

Social security number									
				-			-		
or									
Employer identification number									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶
------------------	----------------------------	--------

## 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.*