



# Participation Agreement

Program Effective Date: \_\_\_\_\_

## Customer Information

Account Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Type of Business: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

Suite #: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

1-Main Contact: \_\_\_\_\_

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

Title: \_\_\_\_\_

Fax: \_\_\_\_\_

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

## Mail Checks & Updates To:

2-Contact Name: \_\_\_\_\_

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

Title: \_\_\_\_\_

Fax: \_\_\_\_\_

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

## GPO Affiliation

### **NO, WE DO NOT CURRENTLY PARTICIPATE IN GPO OR DIRECT CONTRACT RELATIONSHIPS**

I am not aware of any other GPO food and beverage contracting relationships that are currently in effect. If any other affiliation is in place, those relationships are hereby terminated.

### **YES, WE CURRENTLY PARTICIPATE IN A GPO OR PROCUREMENT SERVICES ORGANIZATION ("Affiliation")**

List current affiliation below. Participation in more than one Group Purchasing Organization or Procurement Service Organization is strictly prohibited and will disqualify application if other Affiliation is not terminated prior to engaging Foodbuy Foodservice.

**Please list your current GPO/PSO/Buying Group:** \_\_\_\_\_

If you intend to have your food and beverage purchases qualify for the Foodbuy Foodservice program, please provide Foodbuy Foodservice with a copy of the termination letter addressed to your existing GPO/PSO/Buying Group.



## Acknowledgement & Authorization

**ACCEPT** I am an authorized agent, owner or employee of the above Business and acknowledge that I have the authority to enroll in the foodservice purchasing program operated by Foodbuy Foodservice, a wholly owned division of Foodbuy, LLC. I further acknowledge and accept the terms of this letter of participation and confirm that to the best of my knowledge, all information provided is correct. If Foodbuy Foodservice should discover that the information provided is not correct, Foodbuy Foodservice has the right to cancel or amend our participation in any and all programs through Foodbuy Foodservice.

I also acknowledge that any current programs we desire to continue through a direct relationship have been disclosed and I understand that we will not be allowed to participate in any Foodbuy Foodservice programs relating to those direct programs. If Foodbuy Foodservice discovers that a program exists that was not disclosed above it will notify you. Upon receipt of notification, I agree to cancel the direct relationship within 5 business days and to use the Foodbuy Foodservice program in place of the direct relationship. I further agree to repay to Foodbuy Foodservice any amounts I collect from Foodbuy Foodservice programs if a direct program exists for the same products.

By signing this application, I authorize appointed distributors to release all purchase history, including price deviation, sales dollars and product level data to Foodbuy LLC for the purpose of allowance tracking and opportunity analysis. Additionally, I authorize Foodbuy Foodservice to collect allowances and other amounts generated by purchases I make through the Foodbuy Foodservice program. I acknowledge that Foodbuy Foodservice will incur expenses to operate the Foodbuy Foodservice program and that it will retain a portion of those allowances as part of its compensation for program administration. I agree to release, indemnify and hold harmless distributors and Foodbuy Foodservice from any and all claims and liability that may arise as a result of my participation in the Foodbuy Foodservice program. Both parties are free to cancel agreement at any time with 90 days written notice. I understand that I will not be entitled to receive, and Foodbuy Foodservice will retain in full, any allowances that are unpaid as of the date of any termination notice provided pursuant to the preceding sentence.

I acknowledge and agree that Foodbuy Foodservice will retain as part of its fee 50% of the allowances collected by Foodbuy Foodservice as a result of purchases I make from manufacturers and distributors through the Foodbuy Foodservice program. The remaining 50% of allowances will be paid to you on a monthly basis. With each payment, Foodbuy Foodservice will provide you with reporting to show your earnings per location.

---

Authorized Signature

---

Print Name and Title

ON BEHALF OF: \_\_\_\_\_

[Business Name]

Date



# Distributor Account Number Information

Please provide all location details to your Foodbuy Foodservice Account executive.

## DIRECT MANUFACTURER AGREEMENTS

If you or your distributor(s) have direct contracts with manufacturers and you wish to keep those contracts and program associations in place, please list them in the table provided below to assure those manufacturers remain a direct contracted party for those associations. Failure to disclose this information will acknowledge that you agree to participate in the Foodbuy Foodservice programs with All Manufacturers not disclosed. Please update Foodbuy Foodservice of any additions or deletions to the programs listed below on a regular basis.

### Please List All Direct Agreements with Start and End Dates

Manufacturer	Category	Start Date	End Date

### Office Use Only

Foodbuy Foodservice  
Resorts & Gaming  
Education  
Other:

Healthcare  
Golf Course  
Clubs

[illegible]

# 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.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ► _____	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>
	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.

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.

Sign Here	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.*



## Authorization Agreement for Direct Deposits (ACH Credits)

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

I (we) hereby authorize Foodbuy Foodservice, hereinafter called COMPANY, to deposit any amounts owed to me, by initiating credit entries, and, if necessary, debit entries and adjustments for any credit entries in error to my (our) Financial Institution indicated on this form.

(select one\*) ☐ **Checking Account** or ☐ **Savings Account**

**\* Please attach a voided check & letter from your bank with your Routing/Transit Number.**

**Financial Institution:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Routing/Transit Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time, and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

**Name(s):** \_\_\_\_\_  
(Please Print)

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

800.332.9270 | 125 W. Country Club Drive, Tampa, FL 33612

*Office Use Only*

**Client Number:** \_\_\_\_\_



Delivering Southern Hospitality Since 1925

[www.cheneybrothers.com](http://www.cheneybrothers.com)

## FoodBuy Rebate Request Form

☐ RVB ☐ OCL ☐ PUN ☐ STV ☐ GLD

### Account and Contact Information

<b>Name of Account:</b>	<input type="text"/>	<b>Account/DCN #:</b>	<input type="text"/>
<b>Name of Requestor:</b>	<input type="text"/>	<b>Phone:</b>	<input type="text"/>
<b>Email:</b>	<input type="text"/>	<b>Start Date:</b>	<input type="text"/>

I the above named hereby authorize Cheney Brothers, Inc. to release data to Foodbuy on a monthly basis or as needed.

### Signature

<b>Printed Name:</b>	<input type="text"/>
<b>Date:</b>	<input type="text"/>

<b>Signature:</b>	<input type="text"/>
-------------------	----------------------

**\*Please submit completed form to John Reisigl**  
[johnr@cheneybrothers.com](mailto:johnr@cheneybrothers.com) or Fax# (561) 684-7926.

### For CBI Use Only:

<b>DSR:</b>	<input type="text"/>
<b>DSM:</b>	<input type="text"/>

<b>Verified:</b>	<input type="text"/>
<b>Processed:</b>	<input type="text"/>



One Cheney Way, Riviera Beach, FL 33404-7000 • 561.845.4700 office • 800.432.1341 toll-free • 561.845.4701 fax

2801 W. Silver Springs Blvd, Ocala, FL 34475-5655 • 352.291.7800 office • 800.939.4018 toll-free • 352.291.7878 fax

One Cheney Way, Punta Gorda, FL 33982-4401 • 941.505.5885 office • 844.234.1341 toll-free • 941.505.5886 fax

Revised: 5/17/2017



# Limited Liability Controls - SYSCO Corporation

## Third Party Data Tracking

### Letter of Participation (LoP) Content Requirements

[Operator or GPO Name] noted as "**Customer**", authorizes [Consultant or GPO Service Provider] noted as "**Provider**", to collect transactional purchase data from their distributor partners. It is understood that such data will be utilized for reporting, analysis, and related activities in accordance with the performance of value added services provided to **Customer** by **Provider**.

**Customer** represents that the relationship between it and its members or unit locations, including franchisees if appropriate, entitles them to collect this data for Provider.

**Provider** agrees to maintain the confidentiality and integrity of the information released into its possession using such information only for the value added services agreed to with the Customer.

#### Date References

LoP Agreement Date:

Effective Date for Data Exchange:

Termination Date of Data Exchange:

#### Primary Sysco Contact

Contact Name:

Phone:

Email Address:

#### "Customer" Authorization Signature and Contact Information

Contact Name:  Signature:

Title:

Company Name:

Address:

City/State/Zip:

Phone:

email Address:

Fax:

#### "Provider" Contact Information

Contact Name:  Signature:

Title:

Company Name:

Address:

City/State/Zip:

Phone:

email Address:

Fax:



## Termination Notice:

---

---

---

---

Date: \_\_\_\_\_

To Whom it May Concern,

I am writing this letter to inform you that on behalf of \_\_\_\_\_ we wish to no longer participate in the services offered by \_\_\_\_\_.

Effective \_\_\_\_\_ we will end our partnership with \_\_\_\_\_ for all our locations under \_\_\_\_\_.

Thank you for your prompt attention to this matter.

Sincerely,

Name:

Title:

Date:

Pactiv Corporation  
1900 West Field Court  
Lake Forest, Illinois 60045

This letter confirms that [ ] no longer participates in purchasing programs for Pactiv products with companies other than Foodbuy LLC. Specifically, we have instructed all applicable distributors that [ ] will no longer participate in ongoing contracts relating to Pactiv products. As such, we are no longer subject to programs offered by distributors not related to Foodbuy LLC for the purchase of Pactiv products. [ ] will not claim any rebate or other program benefit for Pactiv products purchased from distributors other than Foodbuy LLC after the date of this letter, without the express written permission of Pactiv Corporation.

If the representations set forth in this letter are no longer accurate, we will contact Pactiv as soon as possible with updated information.

Sincerely,

Person Authorizing (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Job Title: \_\_\_\_\_

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