New Customer Application Form

Company Name:					
Company Address:				Suite / Unit #	
City:		State:		Zip Code:	
Phone:		Fax:			

Ship To (If different from above)

Company Name:					
Company Address:				Suite / Unit #	
City:		State:		Zip Code:	
Phone:		Fax:			

Special Order Instructions	
Package / Shipping Instructions	
Email Order Acknowledgements To:	

Warehouse / Purchasing Contact Name:						
Receiving Hours:	From:		AM	TO		PM

Do you have a drive-up door?	Yes ☐	No ☐
Do you have a pallet jack?	Yes ☐	No ☐
Do you have a forklift?	Yes ☐	No ☐
Do you have a dock for deliveries?	Yes ☐	No ☐
Can your dock accommodate	Straight Truck ☐	Semi ☐

Headquarters
423 S. Grace Street
Addison, IL 60101
P: (630) 628-6500

www.PalmerPackaging.com

Regional Office
1950 S. 91st Ave. Suite 105
Tolleson, Az 853533
P: (602) 837-4989

Accounts Payable:

Contact:		Email:	
Phone:		Fax:	

Preferred method of receiving invoices: Email: ☐ Mail: ☐

Date:		Company Name:			
City:		St:		Zip Code:	
Phone:		Fax:			

Credit References

Bank Name:		Contact:			
Address:		D-U-N-S #:			
City:		State:		Zip Code:	

Local References:

Name:		Phone:	
Address:		Fax:	
Contact:		Email:	

Name:		Phone:	
Address:		Fax:	
Contact:		Email:	

Name:		Phone:	
Address:		Fax:	
Contact:		Email:	

Signature: Title:

For additional forms please visit www.palmerpackaging.com/forms.html

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Use your 'Mouse' or the 'Tab key' to move through the fields and 'Mouse' or 'Space bar' to enable the checkboxes.

Illinois Department of Revenue

CRT-61 Certificate of Resale (Sales and Related Taxes, Fees, and E911 Surcharge)

A Certificate of Resale is a statement signed by the purchaser that indicates the merchandise purchased is for resale purposes only. **Note:** It is the seller's responsibility to verify that the purchaser's retailer or reseller Illinois account ID number is valid and active. You can confirm this by using the Verify a Registered Business link at **mytax.illinois.gov**. This system allows you to inquire whether a business is registered with the Illinois Department of Revenue (IDOR) and how that business is registered.

Step 1: Identify the seller

Name Palmer Packaging, Inc.

Address 423 S. Grace Street

City Addison State IL ZIP 60101

Step 2: Identify the purchaser

Name _____

Address _____

City _____ State _____ ZIP _____

Complete the information below. Check only one box.

☐ The purchaser is registered as a retailer or reseller with IDOR. Account ID number __ __ __ __ - __ __ __ __ .

☐ The purchaser is an out-of-State purchaser authorized to do business out-of-State and not required to be registered as a retailer or reseller in Illinois and will resell and deliver this property only to purchasers located outside the State of Illinois. Enter the other state name and account/registration number: _____ (or attach copy of registration to Form CRT-61). See instructions.

If making a blanket certificate, skip to Step 4 or 5.

Step 3: Describe the property

Describe the property that is being purchased for resale or list the invoice number and the date of purchase.

_____

_____

_____

For a blanket certificate to qualify, the purchaser must complete Step 4 or 5. See instructions for more information.

Step 4: Complete for full blanket certificates

☐ I am the identified purchaser, and I certify that all of the purchases that I make from this seller are for resale.

Step 5: Complete for percentage blanket certificates

☐ I am the identified purchaser, and I certify that the following percentage, _____ %, of all of the purchases that I make from this seller are for resale. List the item: _____

Note: This is for use only with single item type purchases, such as cooking oil used in preparing foods. See instructions.

Step 6: Purchaser's signature

I certify that I am purchasing the property in Step 3, Step 4, or Step 5 from the stated seller for the purpose of resale. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe tax based on each item's purchase price or as otherwise provided by law.

I understand misuse or misrepresentation may also result in penalties, interest, and criminal prosecution.

_____ Purchaser's signature

_____ Email address

__/__/____ Date

_____ Printed name

_____ Phone

Printed by the authority of the State of Illinois - Electronic only, one copy

Arizona Certification of Resale

Please email your tax privilege form to customerservice@palmerpackaging.com

Palmer Banking Information

*** PLEASE NOTE, AS OF 11/1/23 PALMER HAS A NEW CHECKING ACCOUNT NUMBER***

Payments to be made to: Palmer Packaging, Inc. PO box 335
Addison, IL 60101

Bank Information:
Fifth Third Bank
38 Fountain Square
Cincinnati, Ohio 45263

Account Information:
Checking Account: 07244571316
Routing Number: **071 923 909**
Swift Code: **FTBCUS3C**
Incoming Wire Instructions
BANK INFORMATION:
Fifth Third Bank
38 Fountain Square
Cincinnati, Ohio 45263
ABA Number: 042 000 314
Beneficiary Account Name: Beneficiary Account Holder Address: Account Number: 07244571316

Please email Accounts Receiving with invoice number, payment date, and amount. Accounts receiving email: AR@Palmerpackaging.com

Print

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Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Palmer Packaging, Inc.

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☑ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

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

423 S. Grace Street

6 City, state, and ZIP code

Addison, IL 60101

Requester's name and address (optional)

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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

3	6	–	3	2	5	0	0	9	0

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** Tom Ford **Date** 1/7/2025

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they