



Farmer Jack Produce
100 Orange Co Clr
Winter Haven, FL 33881

December 21, 2020

Dear Valued Customers,

In an effort to ensure our computer system is current with the most up-to-date information and in compliance with the currently required legal processes, please complete the following form and return it with a driver on your next delivery.

Business Name: _____ D/B/A _____

Business Phone: _____

Name of Contact Person/Phone#: _____

Email: _____ Text Phone _____

Deliver to: _____ Bill to Name: _____

Street Address: _____ Street Address: _____

City/State: _____ City/State: _____

Zip: _____ Zip: _____

Sales tax Resale # _____ County _____

***This is needed to ensure correct tax pricing and resale pass thru tax on items resold.

Payment Preference: Cash _____

Check Authorized signor signature: _____

(Photo Copy or text picture of Authorized Signor's Drivers License is required to be in our file)

Credit Card _____ (Please speak with Bryan Vincent to set this up. 863 412 7226)

Terms Options _____ (Please speak with Bryan Vincent to set this up. 863 412 7226)

Person authorized to complete this form:

Signature _____ Print Name _____

Thank you for your prompt cooperation in returning this information it is greatly appreciated,

Bryan G Vincent, President
Farmer Jack Produce