



Welcome new vendor. We look forward to working together in the mutual growth of our businesses. As part of our vendor set up process we are required by federal statute to obtain your federal tax information. This information is obtained from you by your completion of the Internal Revenue Service form W-9. The purpose of this form is to provide our Company with your correct tax identification number (TIN) which we verify by using the IRS TIN matching system.

Please complete all parts of the attached W-9 form (including the signature) and return it to us as soon as possible. This applies to payments made to you by any of the following entities:

150 Owner LLC	Gate Precast Company
Bells River Timber LLC	Gate Precast Erection Company
BFC Property Holdings, Inc	GL National Inc
Durbin Creek National LLC	The Lodge & Club
Epping Forest Yacht & Country Club	Ponte Vedra Corporation
Gate Aviation	Ponte Vedra Club Realty Inc
Gate Foundation	Ponte Vedra Inn & Club
Gate Fuel Service Inc	River Club Inc
Gate Hospitality Group	Seahorse Investments I, LLC
Gate Information Systems Inc	Seahorse Investments II, LLC
Gate North Carolina Inc	Southside Boulevard Land Company
GATE Petroleum Company	

As part of our effort to reduce check fraud and process vendor payments in the most efficient manner possible, an ACH disbursement program is used for the payment of all vendor invoices. When Gate pays you via ACH you will receive a text (.txt) file attached to an email detailing the invoices paid, invoice date, invoice amount and Gate entity making the payment. This text file can easily be imported into an Excel spreadsheet. **Please note that unless specified our standard payment terms are Net 30 days.**

To complete your vendor setup we require a completed and signed Vendor Information Form, a completed and signed ACH/ePAY Enrollment Form with a voided check or bank letter, a current IRS Form W-9 and a current Certificate of Insurance. Please return the completed vendor packet either by fax at 904-732-7662 or by email at apepay@gatepetro.com.

If you have any questions please do not hesitate to contact me.

Sincerely,
Jenni Dole
Corporate Accounts Payable
Gate Petroleum Company
Phone: (904) 448-2956
Fax: (904) 732-7662
jdole@gatepetro.com

Request for Taxpayer Identification Number and Certification

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

▶ Go to 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 one 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) ▶ _____ Note: 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 not 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.

Social security number											
				-			-				
or											
Employer identification number											
				-							

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.

Sign Here	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.

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.



Vendor Information Form

Dear Vendor,

In an effort to better serve you, we ask that you complete this form. We will use this information to set up your account for payment. Our Accounts Payable department processes invoices on a daily basis and pay according to the terms on the invoice. We process ACH/Direct Deposit payments every day.

Please return this form to me either by fax or email at the number or email address listed below.

Legal Name of Company _____

(Check one) Corporation Partnership Individual/Sole Proprietor

Federal Tax ID# (or SSN) _____

Business Address _____

Remittance Address _____

Telephone _____ Fax _____

Email _____ Website _____

Accounts Receivable Contact _____

Type of Business Conducted _____

Payment Terms _____

By (print) _____ Title _____

Signature _____ Date _____

Sincerely,

Jenni Dole

Accounts Payable

Gate Petroleum Company

Phone: (904) 448-2956

Fax: (904)732-7662

aipay@gatepetro.com

ACCOUNTING USE ONLY

Vendor No _____

Date Entered _____

ACH vendor _____

ACH/ePAY ENROLLMENT FORM

VENDOR INFORMATION

Vendor Name: _____

Date: _____ Federal Taxpayer ID: _____

Remit Email address: _____

Account Status: Set up new account: Change account profile:

BANK INFORMATION

We would like our disbursements paid via ACH and deposited in the following bank account:

Account Type: Checking Savings Other

Bank name: _____

Bank routing number: _____ (9 digits)

Bank account number: _____

Bank Address: _____ City: _____

Attach one of the following (check one): State: _____

Voided check Zip Code: _____

Bank letter or specification sheet Country: _____

I hereby authorize GATE PETROLEUM COMPANY, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my accounts indicated above and the depository named above, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. All transactions on your bank statement will show as GATE PETROLEUM COMPANY. This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

THIS SECTION COMPLETED BY THE VENDOR

Authorized by: _____ Date: _____
month/day/year

INTERNAL USE ONLY

Date Received: _____ **Date Entered:** _____
month/day/year *month/day/year*

Entered by: _____ **Approved by:** _____

Vendor No.: _____	GAP	GPC	PVC	Acct Change
Payment Terms: _____	Direct Deposit	Weekly ACH	Vendor ACH	