CUSTOMER CREDIT APPLICATION

Billing Information

Legal Name: _____

Street Address: _____ Bldg Num: _____

City: _____ State: _____ Zip: _____

Officer: _____ Phone: (_____) _____ - _____ Email: _____

Entity Type: ☐ Corp ☐ LLC ☐ Partnership ☐ Non-Profit (Attach Letter) ☐ Government ☐ Sole Prop

FEIN (or Social Security) Number: _____ Entity Established: ☐ < 3 Months ☐ ≥ 3 Months

Billing Information is the Same as Delivery Information: ☐ Yes (check if same) or ☐ No (check if different)

Delivery Information

(Required if different than Billing Information)

Doing Business As: _____

Street Address: _____ Bldg Num: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: (_____) _____ - _____ Email: _____

Bank Information

Routing Number: _____ Account Number: _____

Bank Name: _____ Account Type: ☐ Checking or ☐ Savings

City: _____ State: _____ Zip: _____

Contact: _____ Phone: (_____) _____ - _____ Email: _____

Credit References – Food Suppliers

(Required if Entity Established > 3 Months)

Vendor: _____ Phone: (_____) _____ - _____ Email: _____

Vendor: _____ Phone: (_____) _____ - _____ Email: _____

Vendor: _____ Phone: (_____) _____ - _____ Email: _____

Authorization and Agreement to Release Credit and Bank Information

In support of this application, Testa Produce is hereby authorized to obtain credit and/or financial information from my/our banks, other financial institutions or commercial firms with whom I/we have done business. It is understood that any such credit/financial information will be held in strict confidence and used only for consideration for this application. Upon approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms of sale as indicated on the invoice from date of invoice. Should I/we not pay Testa Produce according to terms, it is understood that credit privileges may be withdrawn. Should Testa Produce find it necessary to obtain assistance in collecting any past due balance, I/we agree to pay all reasonable attorney fees, collection agency fees and/or court costs necessary to collect past due accounts.

Print Name: _____ Title: _____

Authorized Signature: _____ Date: _____

Testa Sales Representative: _____

Please return completed application to:

Email: info@testaproduce.com or Fax: (312) 455-0078 or your Testa Sales Representative

**Green highlighted sections are required for application submission*

Revised 2026.04

Instructions | Save | Print | Clear

Wisconsin Sales and Use Tax Exemption Certificate

Form S-211

Do not send this certificate to the Department of Revenue

Purchaser: Complete this certificate and give it to the seller.

Seller: If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

Check One ► ☐ Single Purchase ☑ Continuous

Purchaser Information

Business Name		Type of Business	
Business Address	City	State	ZIP Code
Purchaser's Tax ID Number		State of Issue	

If no Tax ID Number, enter one of the following:	FEIN	Driver's License Number/State Issued ID Number	State of Issue

Seller Information

Name			
Testa Produce			
Address	**City**	**State**	**ZIP Code**
4555 S. Racine Ave.	Chicago	IL	60609

Reason for Exemption

☐ **Resale** (Enter purchaser's seller's permit or use tax certificate number) _____

Manufacturing and Biotechnology

☐ Tangible personal property (TPP) or item under s.77.52(1)(b) that is used exclusively and directly by a manufacturer in manufacturing an article of TPP or items or property under s.77.52(1)(b) or (c) that is destined for sale and that becomes an ingredient or component part of the article of TPP or items or property under s.77.52(1)(b) or (c) destined for sale or is consumed or destroyed or loses its identity in manufacturing the article of TPP or items or property under s.77.52(1)(b) or (c) destined for sale.

☐ Machines and specific processing equipment and repair parts or replacements thereof, exclusively and directly used by a manufacturer in manufacturing tangible personal property or items or property under s.77.52(1)(b) or (c) and safety attachments for those machines and equipment.

☐ The repair, service, alteration, fitting, cleaning, painting, coating, towing, inspection, and maintenance of machines and specific processing equipment, that the above purchaser would be authorized to purchase without sales or use tax, at the time the service is performed. Tools used to repair exempt machines are not exempt.

☐ Fuel and electricity consumed in manufacturing tangible personal property or items or property under s.77.52(1)(b) or (c) in this state.
Percent of fuel exempt: _____ % Percent of electricity exempt: _____ %

☐ Portion of the amount of fuel converted to steam for purposes of resale. Percent of fuel exempt: _____ %

☐ Property used exclusively and directly in qualified research, by persons engaged in manufacturing at a building assessed under s. 70.995, by persons engaged primarily in biotechnology in Wisconsin, or a combined group member conducting qualified research for another combined group member that meets these requirements.

Farming

(To qualify for this exemption, the purchaser must use item(s) exclusively and directly in the business of farming, including dairy farming, agriculture, horticulture, floriculture, silviculture, beekeeping or custom farming services.)

☐ Tractors (except lawn and garden tractors), all-terrain vehicles (ATV) and farm machines, including accessories, attachments, and parts, lubricants, nonpowered equipment, and other tangible personal property or items or property under s.77.52(1)(b) or (c) that are used exclusively and directly, or are consumed or lose their identities in the business of farming. This includes services to the property and items above.

☐ Feed, seeds for planting, plants, fertilizer, soil conditioners, sprays, pesticides, and fungicides.

☐ Breeding and other livestock, poultry, farm work stock, bees, beehives and bee combs.

☐ Containers for fruits, vegetables, bee products, grain, hay, and silage (including containers used to transfer merchandise to customers), and plastic bags, sleeves, and sheeting used to store or cover hay and silage. Baling twine and baling wire.

☐ Animal waste containers or component parts thereof (may only mark certificate as "Single Purchase").

☐ Animal bedding, drugs for farm livestock or bees, and milk house supplies.

This Form May Be Reproduced

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Governmental Units and Other Exempt Entities

Enter CES No., if applicable

- ☐ The United States and its unincorporated agencies and instrumentalities.
- ☐ Any federally recognized American Indian tribe or band in this state.
- ☐ Wisconsin state and local governmental units, including the State of Wisconsin or any agency thereof, Wisconsin counties, cities, villages, or towns, and Wisconsin public schools, school districts, universities, or technical college districts.
- ☐ Organizations meeting the requirements of section 501(c)(3) of the Internal Revenue Code. Wisconsin organizations must enter a CES number above.

Other

- ☐ Containers and other packaging, packing, and shipping materials, used to transfer merchandise to customers of the purchaser.
- ☐ Trailers and accessories, attachments, parts, supplies, materials, and service for motor trucks, tractors, and trailers which are used exclusively in common or contract carriage under LC, IC, or MC No. (if applicable) _____.
- ☐ Machines and specific processing equipment used exclusively and directly in a fertilizer blending, feed milling, or grain drying operation, including repair parts, replacements, and safety attachments.
- ☐ Building materials acquired solely for and used solely in the construction or repair of holding structures used for weighing and dropping feed or fertilizer ingredients into a mixer or for storage of such grain, if such structures are used in a fertilizer blending, feed milling, or grain drying operation.
- ☐ Tangible personal property purchased by a person who is licensed to operate a commercial radio or television station in Wisconsin, if the property is used exclusively and directly in the origination or integration of various sources of program material for commercial radio or television transmissions that are generally available to the public free of charge without a subscription or service agreement.
- ☐ Fuel and electricity consumed in the origination or integration of various sources of program material for commercial radio or television transmissions that are generally available to the public free of charge without a subscription or service agreement.

  Percent of fuel exempt: _____ % Percent of electricity exempt: _____ %
- ☐ Tangible personal property, property, items and goods under s.77.52(1)(b), (c), and (d), or services purchased by a Native American with enrollment # _____, who is enrolled with and resides on the _____ Reservation, where buyer will take possession of such property, items, goods, or services.
- ☐ Tangible personal property and items and property under s.77.52(1)(b) and (c) becoming a component of an industrial or municipal waste treatment facility, including replacement parts, chemicals, and supplies used or consumed in operating the facility. Caution: Do not check the "continuous" box at the top of page 1.
- ☐ Portion of the amount of electricity or natural gas used or consumed in an industrial waste treatment facility. (Percent of electricity or natural gas exempt _____ %)
- ☐ Electricity, natural gas, fuel oil, propane, coal, steam, corn, and wood (including wood pellets which are 100% wood) used for fuel for **residential** or **farm** use.

	% of Electricity Exempt	% of Natural Gas Exempt	% of Fuel Exempt
☐ Residential	_____%	_____%	_____%
☐ Farm	_____%	_____%	_____%

  Address Delivered: _____
- ☐ Percent of printed advertising material solely for out-of-state use. _____%
- ☐ Catalogs, and the envelopes in which the catalogs are mailed, that are designed to advertise and promote the sale of merchandise or to advertise the services of individual business firms.
- ☐ Computers and servers used primarily to store copies of the product that are sent to a digital printer, a plate-making machine, or a printing press or are used primarily in prepress or postpress activities, by persons whose NAICS code is 323111, 323117, or 323120.
- ☐ Purchases from out-of-state sellers of tangible personal property that are temporarily stored, remain idle, and not used in this state and that are then delivered and used solely outside this state, by persons whose NAICS code is 323111, 323117, or 323120.
- ☐ Other purchases exempted by law. (State items and exemption). _____

I declare that the information provided is complete and accurate to the best of my knowledge, and that the product(s) purchased will be used in the exempt manner indicated. If a product is not used in an exempt manner, I will remit use tax on the purchase price at the time of first taxable use. I understand that failure to remit the use tax may result in a future liability, including tax, interest, and penalty.

CAUTION: Using this certificate to avoid paying sales tax may result in a fine of $250 for each transaction for which the certificate is used

Signature of Purchaser	Print or Type Name	Title	Date

(DETACH AND PRESENT TO SELLER)

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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Customer Testa Account Information

Customer Testa Account Name(s): _____

Customer Testa Account Number(s): _____

Email Address for Remittance Advices: _____

(The above e-mail address will be used for paperless notification of remittance amounts.)

Bank Information

Account Type: ☐ Checking or ☐ Savings

Routing Number: _____ **Account Number:** _____

Bank Name: _____

City: _____ **State:** _____ **Zip:** _____

Effective Date: _____

Verification Method *(select one)*:

Please attach a voided check or financial institution verification letter for secondary account validation.

☐ Voided Check

(attach check)

☐ Bank Verification Letter

(attach letter)

☐ Waive Verification

(Customer agrees to waive secondary bank verification. If bank account and/or routing information returns as invalid, Customer agrees to pay Testa $35.00 for each such non-sufficient funds occurrence.)

Authorization

The undersigned, a duly authorized officer of the above-referenced Customer(s), hereby authorizes Testa Produce ("Testa") to initiate debit entries as selected to the above Customer's bank account indicated at the depository named above to debit the same to such account selected above. If funds in the account so debited are not sufficient to cover such ACH debits, Customer shall pay Testa $35.00 for each such non-sufficient funds occurrence.

ACH Debits will be made weekly and will include all open items through the Friday of the week in which invoices become due according to Customer's payment terms. ACH Debits will generally be made on Wednesday of each week but not later than Friday.

This authorization is to remain in full force and effect until Testa has received written notification from Customer of its termination in such time and in such manner as to afford Testa and the above-referenced Depository a reasonable opportunity to act on it.

Print Name: _____ **Title:** _____

Authorized Signature: _____ **Date:** _____

Please return completed form to:

Email: ar@testaproduce.com or Fax: (312) 226-3410 or your Testa Sales Representative

**Green highlighted sections are required for submission*

Revised 2026.05

2019

NEW CUSTOMER CHECKLIST

Name of Account: _____

Salesperson: _____ Type of Account (i.e. street, etc.): _____

Is this account affiliated with any other accounts/groups? _____

Delivery Information

Name: _____

Street Address: _____

Address Line 2: _____

City, State, Zip Code: _____

Phone #: _____

Nearest Major Intersection: _____

Delivery Instructions? _____
(Examples: Deliver through alley entrance; must have ID badge; alarm code required; "key drop" delivery, etc.)

Opening Time: **(For Deliveries)** _____ Delivery Window 1: **(Preferred Time Range)** _____

Closing Time: **(For Deliveries)** _____ Delivery Window 2: **(OPTIONAL: Doesn't Overlap)** _____

Days Closed (Circle all that apply): Mon Tue Wed Thu Fri Sat

Requested Delivery Days (Circle all that apply): Mon Tue Wed Thu Fri Sat

Contact Info

Primary Contact: _____

Title: _____

Phone #: _____ Cell #: _____

Email Address: _____

Food Safety Contact: _____

Title: _____

Phone #: _____ Cell #: _____

Email Address: _____

Accounting Contact: _____

Title: _____

Phone #: _____

Email Address: _____

Statements: Weekly: ☐ Monthly: ☐

2019

Additional Contact: _____

Title: _____

Phone #: _____

Email Address: _____

Order Guide	☐ Email	☐	**And/or**	Fax	☐	**Use:**	☐ Contact 1	☐ Contact 2	☐ Both
Promotional E-mails	☐ Email					**Use:**	☐ Contact 1	☐ Contact 2	☐ Both
Order Confirmations	☐ Email	☐	**And/or**	Fax	☐	**Use:**	☐ Contact 1	☐ Contact 2	☐ Both

Email Web Order Confirmations to ☐ Contact 1 ☐ Contact 2 ☐ Both ☐ None

To enroll in Pepper web ordering, the following must be completed:

Cell Phone Number:
Email Address: