

SOUTHEASTERN FREIGHT LINES, INC.
SUBSTITUTE FORM W-9

Please complete this form and return it to us as soon as possible or fax to (803) 926-5154. Failure to provide this information may result in the backup withholding of 31% of future payments to you as required by law. In addition, you will be subject to a penalty of \$50 for any erroneous information regarding your FEIN: Name and Address. If you have any questions, please contact our Accounts Payable Department at (803) 794-7300, ext. 2303.

Vendor Name _____

Address _____

Phone _____

Dear Sir or Madam:

Federal (U.S.) law requires each payee (you) to provide the payer (us) the following information:

1. If your business has a U.S. Employer Identification Number (Federal Tax ID#)

a. Enter that number: -

b. Legal name of the applicant for that number: _____

Are you a Corporation? Yes No

2. If you do not have an Employer Identification Number, enter your social security number and your name exactly as it appears on your social security card.

a. Social Security Number: - -

b. Name: _____

3. If you are not providing an Identification Number, check the reason why:

- | | |
|--|--|
| <input type="checkbox"/> You do not have one | <input type="checkbox"/> Outside U.S. |
| <input type="checkbox"/> Applied for | <input type="checkbox"/> Other (explain) |
| <input type="checkbox"/> Payment was a refund and thus exempt from Federal withholding | |

Certification: Under penalties of perjury, I certify that the information I have provided above is correct.

Signature (Payee)

Print Name – Title (Payee)

Date