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:

   ☐ You do not have one ☐ Outside U.S.

   ☐ Applied for ☐ Other (explain)

   ☐ Payment was a refund and thus exempt from Federal withholding

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

_____	_____	_____
Signature (Payee)	Print Name – Title (Payee)	Date