



Horizon Retailers Association
3144 Golf Ridge Blvd.
Suite 102
Douglasville, GA 30135
Phone: 1-866-482-6026
Fax: 1-866-638-0931
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Member Information Form

Name of Candidate: _____ Relationship to Business: _____

Name of Business: _____ Name of Corporation: _____

EIN: _____

Address of Business: _____

Mailing Address if Different: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Fax #: _____

Owners:

Last	First	M	Nick Name	Title	Mobile #	Business #
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Please list account numbers to help link and process rebates quicker:

<u>Vendors</u>	<u>Account #</u>	<u>Vendors</u>	<u>Account #</u>
Coke	_____	Blue Bunny Ice Cream	_____
Frito Lay	_____	Ice Company	_____
McLane	_____	Pinnacle Propane	_____
Eby-Brown	_____	Community Coffee	_____
Golden Flake	_____	Red Bull	_____

Please list any individuals that may be eligible to join HRA

Name	Phone #	Store Name
_____	_____	_____
_____	_____	_____

(For HRA use only) Verified and Approved for Membership by the HRA Directors:

Name: _____ Signature: _____ Date: _____

Received By: _____ Membership #: _____

**HRA
MEMBERSHIP AGREEMENT**

The undersigned (“Member”) hereby accepts the invitation to become a member of the HRA (“Association”) having tendered the agreed upon consideration to the Association of membership (“Membership”).

Upon Members execution and delivery of this Agreement to the Association without variance and its counter execution by the Association, Member understands its Membership will become effective.

Member represents and acknowledges: It is acquiring the Membership solely for the purpose of enabling its own members to participate in the united and collective efforts of HRA members through the Association for the negotiation and purchase of goods and services from vendors; Member does not view the Membership being acquired herewith as an investment; Member has not been induced into acquiring the Membership by the Association’s promise or representation the Membership has any valuable benefit over and above its initial value that will accrue to it or HRA Members as a result of the Association’s operation; Member does not expect to derive any economic profits from becoming a Association member other than by HRA Members’ own efforts and participation in the affinity programs afforded them through the association. Member is not obligated in any way to participate in any of the programs Association has provided from vendors or service providers.

Association shall issue Member a HRA member account number upon execution of agreement. Member shall use its member number in all dealings with association and the manufacturers, vendors or providers of the products and services. Member acknowledges and agrees that unless without the use of the member’s account number, it will not get the benefit of the prices and benefits negotiated by the association.

This Agreement shall run for the calendar year that it is signed in and thereafter from year to year, unless sooner terminated by Member upon thirty days (30) days notice. The Agreement may be terminated by Association at any time upon thirty (30) days notice.

Member names and appoints Association as its representative and agent to apply for, manage and receive all rebates, incentives, allowances and concessions which member receives or is entitled to from manufactures, vendors or providers of the product and services offered by the association and from which member makes purchases using its member number. In consideration of the Association’s services, member authorizes Association to receive and be paid 15% of all rebates, incentives, allowances and concessions received in connection with this agreement to account for the Association’s operational expenses and day to day maintenance. The remainder of all rebates, incentives, allowances and concessions shall be paid to the Member as such intervals determined solely by the Association but no less than annually.

Member warrants and represents that it is a retailer, properly licensed and qualified to do business in the state of Georgia and that if member is a retailer with more than one (1) place of business, member maintains a separate membership and membership number for each business location.

Member will not at any time disclose the terms of this agreement, any member’s information containing pricing, rebates, incentives allowances or concessions.

“Member”

By: _____
Signature

“Association”

By: _____
Signature

Title: _____

Title: _____

Date: _____

Date: _____

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below).

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 on page 4.

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.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.