

ALMOND BOARD OF CALIFORNIA
 1150 9th Street, Suite 1500
 Modesto, CA 95354
 Tel: (209) 549-8262 Fax: (209) 550-5494

ACCEPTED USER BUSINESS DATA SHEET

Name: _____

Mailing Address: _____

Street Address: _____

Facility Location: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____ SSN or EIN: _____

Business/Organization Type: _____ **Years in Business:** _____

Sole Proprietor

Partnership

Corporation

Names and Titles of Principals (Persons owning/managing the business):

Check box that applies to Principals:

Almond Grower:

Yes

No

Handler:

Yes

No

If growers, please provide number of acres and location of orchards _____

Bank Reference _____

The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937, Secs. 1-19, 48 Stat. 31, as amended, (7 U.S.C. 601-674). Furnishing the requested information is necessary for the administration of the marketing order program. Submission of the Tax Identification Number (TIN) is mandatory, and will be used to validate ballots and determine affiliation or entity identity. Please note that ballots will not become invalid if a TIN is not disclosed.

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