



PREQUALIFICATION FORM

1. General Information.

1.1. Legal name of business entity: _____

1.2. DBA Names (if applicable): _____

Provide a copy of DBA / FBN registration

1.3. Type of specialty crop sold: _____

1.4. Date of incorporation or formation: _____

1.5. State/country of incorporation or formation: _____

1.6. Federal Employer Identification Number (EIN): _____

1.7. Registered address: _____

1.8. Principal place of business: _____

2. Ownership and Management

2.1. Names and titles of principals: _____

2.2. Names of registered agents: _____

3. Financial Information

3.1. Please attach or submit a letter of good standing from your business's primary bank.



4. Legal and Regulatory Compliance

4.1. Please attach or submit the following (if applicable):

- Certificate of Good Standing from state of incorporation
- Proof of liability coverage
- Disclosure of any pending litigation or legal disputes whether international or domestic

5. Business Operations

5.1. Description of primary products or services:

5.2. List major destination regions or countries:

5.3. Anticipated weekly and monthly export volumes:

5.4. Number of employees (full-time and part-time): _____

Certification

I hereby certify that I am duly authorized to execute this Prequalification Form on behalf of _____ [ENTITY NAME]. I understand that Specialty Crop Trade Council (“SCTC”) will use this information to make a determination as to eligibility to SCTC Membership. I acknowledge that I have read and understood the Rate Negotiation Service Prequalification Form information requests. I certify that all information provided in the Rate Negotiation Service Prequalification Form is true, correct, and complete to the best of the Applicant's knowledge.

*If the Applicant is located outside of the United States, please include the company seal.

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____