# Business Information Form

## Section A

### 1 BUSINESS INFORMATION

<table>
<thead>
<tr>
<th>Full legal business name (owner’s name if sole proprietor – no aliases)</th>
<th>TDA USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comptroller Taxpayer ID No.</td>
<td>Social Security No. (sole proprietors only)</td>
</tr>
</tbody>
</table>

### 2 BUSINESS MAILING ADDRESS

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

### 3 RESPONSIBLE PERSON INSTRUCTIONS

Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:

- For a corporation, limited liability company, or cooperative, the president or CEO,
- For a limited or general partnership, the managing partner or general manager,
- For a sole proprietorship, the owner,
- For any other type of business, the general manager.

### 4 RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER

- [ ] Mr.  [ ] Mrs.  [ ] Ms.  
- First Name  
- M. I.  
- Last Name  
- Phone No.  
- ( )  
- Ext.  
- E-mail  

### 5 RESPONSIBLE PERSON MAILING ADDRESS

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

### 6 LICENSE STATUS

Is party licensed under the Produce Recover Fund?

- If yes, TDA License No. (if applicable)  
- [ ] Yes  
- [ ] No  

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This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

HMPC  
Revised 01/01/15  
Regulatory Division
Legal Business Name ________________________________

### AGREEMENT INFORMATION

<table>
<thead>
<tr>
<th>Agreement Type:</th>
<th>☐ Oral</th>
<th>☐ Written (attach copy)</th>
</tr>
</thead>
</table>

Explain the terms of the agreement:  
☐ 30 days  ☐ 45 days  ☐ 90 days  ☐ Other _________________________

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Who were the parties to the agreement/contract?
____________________________________________________________________________________________
____________________________________________________________________________________________

Date and Location of agreement:
____________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Type of produce</th>
<th>Where produce was grown (county and state)</th>
<th>Price or Value</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Quantity (how much, how many)</th>
<th>Quality (grade, etc.)</th>
</tr>
</thead>
</table>

Inspection performed?  
☐ Yes  ☐ No
If yes, attach copy of the report and/or explain results.
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Place of delivery</th>
<th>Method of Delivery</th>
</tr>
</thead>
</table>

### AGREEMENT COMPLIANCE

Did you comply with the agreement?  State what you did or failed to do.
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

What did the other party do or fail to do?
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
### SECTION B

#### PAYMENT INFORMATION

<table>
<thead>
<tr>
<th>What payments have been made to date under the agreement?</th>
<th>Balance Owed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Specify the date and amount of payment)</td>
<td></td>
</tr>
</tbody>
</table>

If complainant, specify how the amount due was determined.

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

When was payment to be made?

Has demand for payment been made?  [ ] Yes  [ ] No
If yes:  [ ] Orally  [ ] In writing (Attach copy)

Date of Demand

[ ] month  [ ] day  [ ] year

### SECTION C

#### ADDITIONAL INFORMATION

Other than that stated above, are any other parties and/or transactions involved in this claim?  [ ] Yes  [ ] No
If yes, explain. ____________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

List additional facts important to this claim. (Attach additional sheets, if necessary)

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Has any action been filed with the Perishable Agricultural Commodity Act (PACA) on this claim?  [ ] Yes  [ ] No
If yes, what is the status of that claim? _______________________________________________________
__________________________________________________________________________________________

Has Respondent filed for bankruptcy?  [ ] Yes  [ ] No
If yes, has Proof of Claim been filed with the Bankruptcy Court?  [ ] Yes  [ ] No
Legal Business Name ________________________________

### SECTION D

<table>
<thead>
<tr>
<th><strong>1 SIGNATURE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The undersigned represents that he/she has the authority to represent the [ ] Complainant [ ] Respondent And that the foregoing information is true and correct to the best of his/her knowledge.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date / /</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>month day year</td>
</tr>
</tbody>
</table>

### SECTION E

<table>
<thead>
<tr>
<th><strong>1 CHECKLIST</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please use this checklist to ensure you are sending all of the necessary information and documents.</td>
</tr>
<tr>
<td>[ ] Produce Recovery Claim Questionnaire/Investigation Report.</td>
</tr>
<tr>
<td>[ ] Written agreement/contract, if applicable.</td>
</tr>
<tr>
<td>[ ] Copy of Inspection Report, if applicable.</td>
</tr>
<tr>
<td>[ ] Documents to support the claim or defense (invoices, weigh slips, correspondence/letters, etc.)</td>
</tr>
</tbody>
</table>