

W-9 FORM
Request for Taxpayer Identification Number and Certification

1. Business Name / Legal Name:

Auto Parts Direct

2. Federal Tax Classification:

X LLC - Partnership

3. Business Address:

1845 Industrial Blvd, Kissimmee, FL 34741

4. Taxpayer Identification Number (TIN):

59-4827163

CERTIFICATION:

I certify that the number shown is my correct taxpayer identification number and I am not subject to backup withholding.

Signature: _____ Date: 04/08/2026

Name (Print): Ryan Torres

Title: Owner