

New Supplier Form

Section 1: Identifying Information					
Tax Identification Number:					
Pursuant to Section 6109 of the Internal Revenue Service Code, we are <u>required</u> to obtain your Tax Identification Number (TIN) to					
properly report income to the IRS as required by law. Forms without a TIN will not be accepted.					
Name (as shown on your income tax return). Name is required on this line; do not leave this line blank:					
Business Name/disregarded entity name, if different from above:					
Address:					
City:	UEI#		State:	ZIP:	
Section 2: Order Address (For Purchase Orders) Address:					
			State:	7ID·	
	UEI#			211	
Section 3: Payment Direct Deposit/ACH Information					
Bank Name:		Account Type:	Checking	Savings	
Account Number:		Routing Number:			
Account number supplie	d must match attached bank verification	Routing number supp	olied must match	attached bank ve	rification
Email for Remit Info	r Remit Info To opt out of Direct Deposit, Check This Box				
Attach a copy of a current voided check or include a bank letter on bank letterhead, signed by a bank representative. Either option must include					
the individual/company name, routing and account numbers pre-printed by the financial institution					
Section 4: International ACH Transaction Information Will the entire amount of this electronic payment ultimately be deposited into a financial institution outside of the United States, and Yes					
therefore fall under the regulation of IAT?					
Section 5: Contact Inform	mation				
Primary Contact Name:					
Title:		Email:			
Phone: F		Fax:			
Secondary Contact Name:					
Title:		Email:			
		Fax:			
Section 6: Read the Agreement, Sign & Date					
Wisconsin law provides that State agencies or authorities cannot purchase any materials, supplies, equipment, or contractual services from suppliers (vendors), if the supplier and its affiliates are not registered, collecting, and remitting Wisconsin sales or use tax on sales of tangible personal property and taxable services in					
Wisconsin to the Wisconsin Department of Revenue. If the supplier or its affiliates only make exempt sales in Wisconsin, an Affidavit of Exempt Sales can be signed					
in lieu of registering. Exempt sales do not include sales of tangible personal property or taxable services not taxed solely because the supplier or affiliate does not					
have activity in Wisconsin that requires them to collect and remit sales and use tax (Nexus). This law does not change the federal constitutional limitations on who must be licensed to conduct business in Wisconsin. Additionally, A foreign corporation (any corporation other than a Wisconsin corporation) which becomes a party					
to this Agreement is required to conform to all the requirements of Chapter 180, Wis. Stats., relating to a foreign corporation and must possess a certificate of					
authority from the Wisconsin Department of Financial Institutions, unless the corporation is transacting business in interstate commerce or is otherwise exempt					
from the requirement of obtaining a certificate of authority. The State will establish authentication information requirements for communications between the Supplier and the State, through online systems or paper					
forms. If the State receives a Communication containing proper authentication information, it shall be entitled to act on the Communication, and shall not be					
obligated to verify the content of such Communication, establish the identity of the person providing it, or await any confirmation thereof, and the State shall not					
be liable for acting on any Communication sent in the name of the Supplier. The Supplier shall be solely responsible for the safekeeping of the authentication information (i.e. passwords, Taxpayer Identification Numbers, bank account numbers, etc.) and assumes all risk of accidental disclosure or inadvertent use of such					
authentication information by any party whatsoever, whether such disclosure or use is on account of the Supplier's negligence or deliberate acts or otherwise. The					
State shall not be liable for any loss or damage resulting from fraudulent, unauthorized or otherwise improper use of any authentication information by the					
Supplier. Only <b>Authorized</b> individuals may complete and submit this form. By completing this form, you are certifying that you are a duly authorized representative of your organization and are lawfully able to initiate changes to banking information. <b>Fraudulent conveyances are punishable offenses.</b> The entity listed hereby					
authorizes the State of Wisconsin to initiate credit entries to its bank account at the financial institution identified above. Additionally, this form provides the State					
of Wisconsin the authority to reverse (withdraw) any erroneous credits (deposits) to the account. The authority shall remain in effect until the State of Wisconsin					
receives written notification of revocation and has a reasonable opportunity to act on it.  Print Name: Date:					
Print Name: Date: Date:					
Signature:		Phone:			