

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 Authorized 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. Fraudulent conveyances are punishable offenses. 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: | | | |