

Supplier Registration Questions? Contact Purchasing at 215-898-3755.
Submit completed forms to purchasing@wistar.org or fax to 215-898-5510.

New Supplier/Payee Registration
All fields marked with an * must be completed.

Change Existing Supplier/Payee Registration
Section 1 & Submitter Info must be completed. Only complete sections to be changed.

1: SUPPLIER/PAYEE NAME AND ID

* Supplier/Payee Name: _____ * EIN or SSN: _____

* Name on Tax Return (if different): _____ DUNS Number (if applicable): _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Country: _____ Zip/Postal Code: _____

Does your company have a parent company? No _____ Yes _____

If yes, list name: _____

EIN of Parent Company: _____ DUNS Number: _____

2: TYPE OF SUPPLIER/PAYEE

* Select one:

| | | | | | | | |
|--------------------------|----------------------------|--------------------------|--------------------|--------------------------|--------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Individual/Sole Proprietor | <input type="checkbox"/> | Corporation | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Higher Education Institution |
| <input type="checkbox"/> | LLC: C Corporation | <input type="checkbox"/> | LLC: S Corporation | <input type="checkbox"/> | LLC: Partnership | <input type="checkbox"/> | Government Agency |
| <input type="checkbox"/> | Non-US Individual | <input type="checkbox"/> | Non-US Corporation | <input type="checkbox"/> | Non-US Partnership | <input type="checkbox"/> | Foreign Government Agency |
| <input type="checkbox"/> | Other: _____ | | | | | | |

Exemptions (if any): Exempt Payee Code: _____ Exempt from FATCA Reporting Code: _____

3: PAYMENT ADDRESS (if different from above.)

* Address 1: _____

* General Phone: _____

Address 2: _____

General Fax: _____

* City: _____

* State: _____

Company Public Website/URL: _____

* Zip/Postal Code: _____

4: ELECTRONIC PAYMENT INFORMATION AND AUTHORIZATION

Payments are made in US Dollars

Bank Name: _____

Name on Bank Account: _____

Bank City: _____

Bank State: _____ Bank Country: _____

Remittance Email: _____

Remittance Email 2: _____

Email 3: _____

USA Bank Information

Routing Number (US Bank Only) ABA 9-digit: _____

Bank Account Number: _____

International Bank Information

Bank Account Number: _____ Bank Swift Code: _____

IBAN: _____

Supplier/Payee Authorized Representative Contact Information

Name: _____

Phone: _____ Email: _____

By checking this box, supplier/payee: (i) authorizes Wistar and the financial institution indicated above to deposit all payments due automatically to the account listed above, in accordance with agreed upon payment terms, and agrees that this authority remains in effect until supplier/payee notifies Wistar in writing (which may be by submission of a new registration form) of change or cancellation, and Wistar has a reasonable opportunity to process the request, (ii) acknowledges that transactions authorized hereunder must comply with U.S. law, (iii) agrees to be bound by applicable Automated Clearing House rules, and (iv) represents that all information provided in this Section 10 is correct and that the individual submitting this form has full authority from supplier/payee to grant this authorization.

5: Do you accept payment by credit card? Yes _____ No _____

Specify any limitations:

6: TAX CERTIFICATION

The Internal Revenue Service does not require your consent to any provision in this document other than the certifications required to avoid backup withholding. Foreign entities and individuals should contact their accountant for appropriate tax forms to complete, if applicable.

For US Persons only: I certify under penalty of perjury that: 1. the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest of dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person.

7. Is your business a Disadvantaged / Minority / Small Business Enterprise? Yes _____ No _____

Please list all certifications that apply.

8: SUBMITTER AND DATE

* Name: _____ Title: _____

* Email: _____ Date: _____