



NEW VENDOR REQUEST FORM

Dear Vendor Partner,

Please return the completed forms to have a vendor number assigned. Our requirements are outlined in the checklist below.

- ☐ New Vendor Request Form
- ☐ Contact Info Form
- ☐ Vendor ACH Payment Authorization Form
- ☐ W-9
- ☐ Certificate of Insurance, meeting requirements below:
 - General Liability: \$1,000,000 per occurrence minimum, \$2,000,000 general aggregate
 - WOW Logistics listed as an additional insured
 - Automobile Liability: \$1,000,000 combined single limit, "Any Auto" box is checked
 - WOW Logistics listed as an additional insured
 - Workers Compensation: statutory limits, "Per Statute" box is checked
- ☐ Review WOW Logistics Vendor and Purchase Order Terms and Conditions at: www.wowlogistics.com/vendor-terms

Please note: An active vendor number is required before any purchases or services can be completed.



NEW VENDOR REQUEST FORM

WOW Department Manager Approval: _____

Approval Date: _____

Company Name

Company Website

Physical Address

Street

City

State

Zip

Remittance Address (if different)

Street

City

State

Zip

Phone

Tax ID

SCAC (if applicable)

Accounts Receivable Contact

Name

Email

Phone

Payment Terms: ☐ Net 30 Days ☐ 10-Day Express-2% Program ☐ Other

Preferred Payment Method:

☐ Check

☐ EFT (complete Vendor ACH Payment Authorization form next page)

Transportation Vendors: Do you use a factoring company to process invoices and payments?

☐ No ☐ Yes-complete below information

Name of Factoring Company

Street

City

State

Zip

Do you or your company have a relationship with an owner or employee of WOW Logistics or any of it's affiliates? ☐ No ☐ Yes. If yes, who and what is the relationship:

Company Principal Contact*

| | |
|---------|----------------------|
| Name | <input type="text"/> |
| Address | <input type="text"/> |
| | <input type="text"/> |
| Email | <input type="text"/> |
| Phone | <input type="text"/> |

*Owner, CEO/President of Company

Company Salesperson Contact

| | |
|---------|----------------------|
| Name | <input type="text"/> |
| Address | <input type="text"/> |
| | <input type="text"/> |
| Email | <input type="text"/> |
| Phone | <input type="text"/> |

Company Customer Service Contact

| | |
|---------|----------------------|
| Name | <input type="text"/> |
| Address | <input type="text"/> |
| | <input type="text"/> |
| Email | <input type="text"/> |
| Phone | <input type="text"/> |

Company Purchase Order Contact

| | |
|---------|----------------------|
| Name | <input type="text"/> |
| Address | <input type="text"/> |
| | <input type="text"/> |
| Email | <input type="text"/> |
| Phone | <input type="text"/> |

Wow Internal Use:

Department: _____

Vendor Type: _____



VENDOR ACH PAYMENT AUTHORIZATION FORM

WOW Logistics Company pays invoices electronically rather than by check. Your payments will be deposited electronically into a checking or savings account of your choice. Please complete this form and return to AP@WOWLogistics.com or mail to:

WOW Logistics Company
1450 McMahon Drive
Neenah, WI 54956

AUTHORIZATION

By completing, signing, and returning this form (attaching a voided check is recommended but not required), you authorize WOW Logistics Company to initiate payment to your checking or savings account at the financial institution listed below. In the event WOW Logistics Company erroneously initiates payment to the account listed below and to which such payment you are not entitled to, WOW Logistics Company will notify you and you shall notify the financial institution to return said payment to WOW Logistics Company. This authorization will remain in effect until WOW Logistics Company receives written notice of cancellation from you in such a manner of time so as to afford WOW Logistics Company and the financial institution a reasonable opportunity to act on it.

| PAYEE INFORMATION | | | |
|-------------------|--|--|--|
| Payee Name | | | |

| BANK INFORMATION | | | | |
|------------------|--------------------------|----------|--------------------------|---------|
| Account Type | <input type="checkbox"/> | Checking | <input type="checkbox"/> | Savings |
| Bank Name | | | | |
| Bank Address | | | | |
| Name on Account | | | | |
| Routing # | | | | |
| Account # | | | | |
| Remittance Email | | | | |

I certify that I am an authorized user of the account listed above and will not dispute these scheduled transactions with my financial institution; so long as the transactions correspond to the terms indicated in this authorization form. If payment is initiated on a weekend or holiday, you understand that the payment may be executed or received on the next business day. You agree that no prior-notification will be provided with respect to each initiated payment. Any loss of data will be borne by you unless the loss is due to WOW Logistics Company's gross negligence. WOW Logistics Company shall be permitted to rely on the information supplied by you on this authorization form and you agree to indemnify, defend and hold WOW Logistics Company harmless for any damages arising out of your failure to properly change the information and provide notification with respect to such change. WOW Logistics Company shall not be liable for any incidental, consequential, indirect, or special damages arising out of initiating payment or your failure to timely receive any payment, including but not limited to interest charges or lost profits. WOW Logistics Company's maximum liability for any erroneous payment made hereunder is the amount of the payment.

NAME:

TITLE:

DATE:

Authorized Signature

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

| | | |
|---|--|---|
| Print or type See Specific Instructions on page 2. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ^a _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ^a | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> |
| | 5 Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | 6 City, state, and ZIP code | |
| 7 List account number(s) here (optional) | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | | |
|--------------------------------|--|--|--|---|--|--|--|---|--|
| Social security number | | | | | | | | | |
| | | | | - | | | | - | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | - | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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 or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

| | | |
|-----------|---------------------------------------|-------------------|
| Sign Here | Signature of U.S. person ^a | Date ^a |
|-----------|---------------------------------------|-------------------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**EXAMPLE ONLY**

SECUOVE-01

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/11/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|---|---|--------------------------------------|---------------|
| PRODUCER ABC Insurance Agency 1234 5th Street Marshfield, WI 54449 | CONTACT NAME: Bob Smith | | |
| | PHONE (A/C, No, Ext): (920) 123-4567 | FAX (A/C, No): (920) 123-5678 | |
| | E-MAIL ADDRESS: Bob.Smith@abcinsurance.net | | |
| INSURED Name of Vendor Here Address City, State Zip Code | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A : Acuity | | 12345 |
| | INSURER B : | | |
| | INSURER C : | | |
| | INSURER D : | | |
| | INSURER E : | | |
| | INSURER F : | | |

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-------------------------------------|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | <input checked="" type="checkbox"/> | | ZA7341 | 7/21/2019 | 7/21/2020 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 ERRORS OMISSION \$ 100,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | <input checked="" type="checkbox"/> | | ZA7341 | 7/21/2019 | 7/21/2020 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | ZA7341 | 7/21/2019 | 7/21/2020 | EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ |
| A | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y / N <input type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below | | | ZA7341 | 7/21/2019 | 7/21/2020 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| A | Equipment Floater | | | ZA7341 | 7/21/2019 | 7/21/2020 | Leased/Rented 75,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

WOW Logistics is an additional insured with respect to general liability per and auto liability.**CERTIFICATE HOLDER****CANCELLATION**

| | |
|---|--|
| WOW Logistics 1450 McMahon Dr Neenah, WI 54956 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE <i>Carmella Moon</i> |