



NEW VENDOR REQUEST FORM

Dear Vendor Partner,

Please return the completed forms to become an approved vendor of WOW Logistics Co. Our requirements are outlined below.

- New Vendor Request Form, with contact info
- Vendor ACH Payment Authorization Form
- W-9 Form
- Certificate of Insurance, meeting requirements below:
 - General Liability:
 - \$1,000,000 per occurrence minimum, \$2,000 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.



Corporate Office
 1450 McMahon Drive
 Neenah, WI 54956
 800.236.3565

NEW VENDOR REQUEST FORM

BUSINESS INFORMATION

Company Name		Taxpayer ID Number	
Company Website		SCAC (if applicable)	
Phone Number		E-Mail Address	
Physical Address City, State Postal Code		Does your company have a relationship with an owner or employee of WOW Logistics or any of its affiliates?	<input type="checkbox"/> No <input type="checkbox"/> Yes, who and what is relationship

ACCOUNTS RECEIVABLE & PAYMENT INFORMATION

Preferred Payment Method <i>(Complete ACH Form)</i>	<input type="checkbox"/> ACH Direct Deposit <input type="checkbox"/> Other	Preferred Invoice Submission	<input type="checkbox"/> Email to AP@wowlogistics.com <input type="checkbox"/> Other
Remittance Address <i>(if different)</i>		Preferred Payment Terms	<input type="checkbox"/> Net 30 Days <input type="checkbox"/> 10-Day Express-2% Program
Accounts Receivable Contact		Phone	
E-mail		Fax	

TRANSPORTATION VENDORS ONLY

Do you use a factoring company to process invoices and payments?	<input type="checkbox"/> No <input type="checkbox"/> Yes, complete below		
Name of factoring company		Phone	
City, State Postal Code		E-mail	

CONTACT INFORMATION

Company Principal Contact <i>(Owner, CEO/President)</i>		Phone	
Address		Fax	
City, State, Postal Code		E-mail	
Company Salesperson Contact		Phone	
Address		Fax	
City, State, Postal Code		E-mail	
Company Purchase Order Contact		Phone	
Address		Fax	
City, State, Postal Code		E-mail	

Yes, I have reviewed and agree to the WOW Logistics **Vendor and Purchase Order Terms and Conditions.**

Signature	Date
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WOW Department Manager Approval: _____
 Approval Date: _____

Vendor Type: _____
 Department: _____



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, 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 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	
SIGNATURE		DATE	

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	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 of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____		<i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.		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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* 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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.



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.

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.

PRODUCER: ABC Insurance Agency, 1234 5th Street, Marshfield, WI 54449. CONTACT NAME: Bob Smith, PHONE: (920) 123-4567, FAX: (920) 123-5678, E-MAIL ADDRESS: Bob.Smith@abcinsurance.net. INSURER(S) AFFORDING COVERAGE: Acuity, NAIC #: 12345.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation, and Equipment Floater.

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

CERTIFICATE HOLDER: WOW Logistics, 1450 McMahon Dr, Neenah, WI 54956. CANCELLATION: 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: Carmella Moon