

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
- Signed WOW Logistics Vendor and Purchase Order Terms and Conditions

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



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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			Does your company have a	🗆 No				
City, State Postal Code			relationship with an owner or employee of WOW Logistics or	🗆 Yes, who a	nd what is relationship			
			any of its affiliates?					
		ACCOUNTS RECEIVABLE &						
		H Direct Deposit	Preferred Invoice Submission		P@wowlogistics.com			
	🗆 Oth	ner		Other				
Remittance Address			Preferred Payment Terms	Net 30 Days				
(if different)				🗌 10-Day Exp	press-2% Program			
Accounts Receivable Contact			Phone					
E-mail								
		TRANSPORTATIO	N VENDORS ONLY					
Do you use a factoring compan		□No						
process invoices and payments	?	☐ Yes, complete below						
Name of factoring company			Phone					
City, State Postal Code			E-mail					
		CONTACT IN	FORMATION	-				
Company Principal Contact (Owner, CEO/President)				Phone				
Address				Fax				
City, State, Postal Code				E-mail				
Company Salesperson Contact				Phone				
Address				Fax				
City, State, Postal Code				E-mail				
Company Purchase Order Conta	act			Phone				
Address				Fax				
City, State, Postal Code				E-mail				

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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	🗆 Checking 🗆 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	

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

	2 Business name/disregarded entity name, if different from above							
Is on page 3.	following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)						
type	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶	· · · · · · · · · · · · · · · · · · ·						
Print or type. Specific Instructions	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 ode (if any)							
ecif		Applies to accounts maintained outside the U.S.)						
See Sp	5 Address (number, street, and apt. or suite no.) See instructions.							
0)	6 City, state, and ZIP code							
	7 List account number(s) here (optional)							
Par	t I Taxpayer Identification Number (TIN)							
		rity number						
reside	p withholding. For individuals, this is generally your social security number (SSN). However, for a nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>] - [] - []]						

TIN, later.			-
Note: If the account is in more than one nar	me, see the instructions	for line 1. Also see Wha	t Name and
Number To Give the Requester for quideline	es on whose number to e	enter	

Certification Part II

Under penalties of perjury, I certify 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 or 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 (defined below); and
- 4. 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	Signature of				
Here	U.S. person ►				

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)

or

Employer identification number

• Form 1099-S (proceeds from real estate transactions)

Date 🕨

- 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.



MINIMUM INSURANCE REQUIREMENTS FOR VENDORS INSURANCE CERTIFICATE INSTRUCTIONS

The Certificate of Insurance must meet the minimum coverage amounts listed below along with the applicable endorsements and requirements. Please reference the attached Certificate of Insurance for example purposes.

COMMERCIAL GENERAL LIABILITY: Each Occurrence Damage to Rented Premises (Each Occurrence) Medical Expense (Any One Person) Personal Injury & Advertising Injury General Aggregate Products/Completed Operations Aggregate	LIMIT_ \$1,000,000 \$100,000 \$5,000 \$1,000,000 \$2,000,000 \$2,000,000				
COMMERCIAL AUTO LIABILITY	<u>LIMIT</u>				
Bodily Injury & Property Damage – Combined Single Limit, any auto	\$1,000,000				
WORKERS COMPENSATION Workers Compensation Coverage Bodily Injury by Accident Bodily Injury by Disease (Each employee) Bodily Injury by Disease (Policy Limit)	LIMIT Statutory Requirements \$500,000 \$500,000 \$500,000				
UMBRELLA LIABILITY	<u>LIMIT</u>				
Each Occurrence	\$1,000,000				
Annual Aggregate	\$1,000,000				
Follow Form	Yes				
CRIME/EMPLOYEE THEFT COVERAGE	LIMIT				
Employee Theft	\$100,000				
Funds Transfer Fraud	\$100,000				
Social Engineering	\$100,000				
Blanket Employee Coverage	\$100,000				
Coverage for Theft of Customer/3rd Party Property	Included				

Description of Operations/Locations/Vehicles

WOW Logistics Company, LLC and each of their wholly owned subsidiaries, agents, affiliates, owners, directors and employees are listed as Additional Insured on the General Liability and Umbrella to include both Ongoing (CG2010 4/13) and Completed Operations Coverage (CG2037 4/13), on a Primary & Non-Contributory basis. Additional Insured on the Auto Liability. Waiver of Subrogation on the General Liability, Auto Liability, Workers Compensation and Umbrella. The Umbrella policy follows form subject to all terms and conditions of policy. All policies noted above include a 30 Day Notice of Cancellation/10 Day Notice For Non-Payment of Premium, with notice to be provided to WOW Logistics Company, LLC.

Certificate Holder:

WOW Logistics Company LLC 1450 McMahon Dr. Neenah, WI 54956

Any questions regarding the insurance certificate or requirements should be directed to: Kristina Woitekaitis Purchasing Manager 920-687-5503 <u>KristinaWo@wowlogistics.com</u>

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

	_		-11	1 1 1			111140			Tod	ays Date
С В	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.										
lf	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).										
	DUCE			QUIT	medic fiolact in fied of se	CONTA		<i>.</i>			
		f Insurance Broker or Agent				NAME: PHONE	Agent	Phone Numb	er FAX (A/C, No):		
	iress	•				(A/C. No E-MAIL	J. EXI): 0		(A/C, No);		
Aut	1000	•				ADDRE					
							\(\ / 7		DING COVERAGE		NAIC #
IN COL	DED					INSURE	<u></u>	urance Comp	any		123456
INSU	RED					INSURE	RB: Iravelei	rs Insurance			654321
						INSURE	RC:				
		ABC Vendor				INSURE	RD:				
		Address				INSURE	RE:				
						INSURE	RF:				
					NUMBER:				REVISION NUMBER:		
IN CI E	DICA ERTI	S TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY F ISIONS AND CONDITIONS OF SUCH I	QUIR PERT POLIC	EME AIN, CIES,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	of An' Ed by	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	T TO Y	NHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	6	
	X	COMMERCIAL GENERAL LIABILITY								\$ 1,00	
		CLAIMS-MADE 🗙 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	<u>\$</u> 100	,000
									MED EXP (Any one person)	\$ 5,00	00
Α			Х	X					PERSONAL & ADV INJURY	\$ 1,00	00,000
	GEN	LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	00,000
		POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	00,000
		OTHER:								\$	
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
	X	ANY AUTO								\$	
А		OWNED SCHEDULED AUTOS	x	x					BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
	X								EACH OCCURRENCE	\$ 1,00	00,000
Α	- ·	EXCESS LIAB CLAIMS-MADE	x	x						\$ 1,00	
		DED RETENTION \$								\$	
		KERS COMPENSATION							PER OTH-		
		EMPLOYERS' LIABILITY								\$ 500	.000
A	OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBEREXCLUDED?	N/A	X						\$ 500	
	ll ves	, describe under									,000
	003	CRIPTION OF OPERATIONS below					<u> </u>		E.L. DISEASE - POLICY LIMIT	× .	0.000
в	Cri	me							Lante	ψισ	0,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
WOW Logistics Company, LLC and each of their wholly owned subsidiaries, agents, affiliates, owners, officers, directors and employees are listed as Additional											
		on the General Liability and Umbrel									
No	1-Co	ntributory basis. Additional Insured	on th	ie Au	to Liability. Waiver of Subr	rogatio	n on the Gene	eral Liability, A	Auto Liability, Workers Con	npensa	ation and
		a. The Umbrella policy follows form								e of	
	iceili	ation/10 Day Notice For Non-Payme	SUL OI	Frei	nium, with notice to be prov	viaea to	I WOW LOGIS	ucs company	, LLV.		

CERTIFICATE HOLDER					
FOR INFORMATION ONLY WOW Logistics Company, LLC.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
1450 McMahon Dr. Neenah, WI. 54956	AUTHORIZED REPRESENTATIVE Signature Here				