



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.



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		
<i>Name of factoring company</i>		<i>Phone</i>	
<i>City, State Postal Code</i>		<i>E-mail</i>	
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	



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	



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:

	<u>LIMIT</u>
Each Occurrence	\$1,000,000
Damage to Rented Premises (Each Occurrence)	\$100,000
Medical Expense (Any One Person)	\$5,000
Personal Injury & Advertising Injury	\$1,000,000
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000

COMMERCIAL AUTO LIABILITY

	<u>LIMIT</u>
Bodily Injury & Property Damage – Combined Single Limit, any auto	\$1,000,000

WORKERS COMPENSATION

	<u>LIMIT</u>
Workers Compensation Coverage	Statutory Requirements
Bodily Injury by Accident	\$500,000
Bodily Injury by Disease (Each employee)	\$500,000
Bodily Injury by Disease (Policy Limit)	\$500,000

UMBRELLA LIABILITY

	<u>LIMIT</u>
Each Occurrence	\$1,000,000
Annual Aggregate	\$1,000,000
Follow Form	Yes

CRIME/EMPLOYEE THEFT COVERAGE

	<u>LIMIT</u>
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

KristinaWo@wowlogistics.com

