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
- Compliant Certificate of Insurance, meeting requirements defined in insurance example
- Signed WOW Logistics Vendor and Purchase Order Terms and Conditions

For any questions on the process or forms, please email purchasing@wowlogistics.com.

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?**	☐ No ☐ Yes, who and what is relationship

ACCOUNTS RECEIVABLE & PAYMENT INFORMATION

Preferred Payment Method ***(Complete ACH Form)***	☐ ACH Direct Deposit ☐ Other	**Preferred Invoice Submission**	☐ Email to AP@wowlogistics.com ☐ Other
Remittance Address (if different)		**Preferred Payment Terms**	☐ Net 30 Days ☐ 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?	☐ *No* ☐ *Yes, complete below*		
Name of factoring company		*Phone*	
City, State Postal Code		*E-mail*	

CONTACT INFORMATION

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 Contact		Phone	
Address		Fax	
City, State, Postal Code		E-mail	

SUPPLIER DIVERSITY DATA

To accurately report our Diversity spend dollars, please select all that apply:	☐ Women Owned Business Enterprise ☐ Minority Owned Business Enterprise ☐ Small Business Enterprise	☐ Disability Owned Business Enterprise ☐ Eco Certified Green ☐ Forest Stewardship Council

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**	

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

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.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ Other (see instructions) ►

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) _____

(Applies to accounts maintained outside the U.S.)

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:

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 Here	**Signature of U.S. person** ►	**Date** ►

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.*

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:	**LIMIT**
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	**LIMIT**
Bodily Injury & Property Damage – Combined Single Limit, any auto	$1,000,000

WORKERS COMPENSATION	**LIMIT**
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	**LIMIT**
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

WOW Logistics Company must be listed as an additional insured and subrogation waived for all insurance types.

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 Purchasing@wowlogistics.com.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): Todays Date

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	CONTACT NAME:	
Name of Insurance Broker or Agent Address	PHONE (A/C, No, Ext): Agent Phone Number	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : XYZ Insurance Company	123456
INSURER B : Travelers Insurance	654321
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED: ABC Vendor, Address

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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	X	X				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY [ ] NONOWNE[	X	X				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $	X	X				EACH OCCURRENCE AGGREGATE $	$ 1,000,000 $ 1,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	X				[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
B	Crime						Limit	$100,000

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 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 the 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

FOR INFORMATION ONLY
WOW Logistics Company, LLC.
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
Signature Here

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