

SUPPLIER APPLICATION

Supplier Name or Supplier ID (IFS Number)	
Address Line 1	
Address Line 2	
City	
State	
ZIP	
Country	
Phone Number	
Email Address	
DUNS (Duns & Bradstreet) Number	
This field must be completed if you have DUNS number. If you do not have a DUNS number, please provide 9 digit zip code of Company/Corporate Headquarters	

Payee Name (if different from above)	
Address Line #1	
Address Line #2	
City	
State	
ZIP	
Country	
Payment Method	<input type="checkbox"/> ACH <input type="checkbox"/> BANKGIRO
Currency	
Routing Number	
Account Number	
Accounts Receivable Contact	
Contact Phone#	
Accounts Receivable e-mail address	
Please find W-9 Form (FED ID Number of SSN) attached. Please fill out the form and return to us at your earliest convenience. Thank you!	

For SGC use only	
Date (dd/mm/yyyy)	/ /
Requested by	
<input type="checkbox"/> New <input type="checkbox"/> Change information <input type="checkbox"/> Inactive	
Supplier ID issued	
W-9 received	<input type="checkbox"/> Yes <input type="checkbox"/> No