

Approved by: Christopher O'Leary Issued: 20	010 APR 28
Signature: Signature On File Revised: 2	2014 FEB 21

 New Supplier

 Current Supplier
 Change Only: Current Vendor Number

 Information Request

Kenson's policy is not to release payment for an invoice without complete vendor information on file. The tax law requires us to have your Tax ID (Federal Identification Number or Social Security Number) and appropriate tax exempt documentation on file. Please complete all sections of the form, provide a legible signature and fax/e-mail to Kenson's Management contact.

Supplier Name (Entity Name):	DBA Name:
Product Supplied:	-

Purchase Order Address:

Invoice Remittance Address;

Street:		Attn:/Address 1:			
PO Box:		Address 2:			
City: State:		P.O. Box:			
Zip Code:	Country	City:	State:		
Cust. Service Phone No.:		Zip Code:	Country:		
Cust. Service Contact Na	ame:		<u>.</u>		
Purchase Order Fax Number:		Phone Number:			
Supplier Rep Name:		Fax Number:	Fax Number:		
Supplier Rep PH Number:					

Tax Information (or Submit W-9 Form)	Business Type (Select one	e of the following)
Subject to 1099 (not incorporated):	Exempt from 1099:	
Sole Proprietorship (Individual)	Corporation	
LLC (not incorporated)	LLC (incorporated)	
Partnership	Tax Exempt	(Requires tax exempt
Other		documentation)

Social Security #: OR Federal ID#:	Social Security #:	OR	π
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Banking Information: (wire transfers)

Account Name:	Account Number:
Bank Information:	Bank Routing/Swift:

TO BE COMPLETED BY KENSON PLASTICS INC:

Acknowledged by Kenson	Date:	
Purchasing Agent:	Business System Code:	