

VENDOR INFORMATION FORM



BILFINGER

Corporate Address

Corporate address is typically the address of your headquarters and the one that is usually shown on the contract that is signed.

Company Name:	_____	Tax ID Number:	_____
(DBA Name):	_____	DUNS Number:	_____
Address 1:	_____	Contact Name:	_____
Address 2:	_____	Email Address:	_____
City:	_____	Phone:	_____
State:	_____	Zip Code + 4:	_____
Country:	_____	Fax:	_____
		Website:	_____

United States Residency: A current W-9 must be completed, signed and submitted along with this form.

International Vendor: A W-8 form must be completed, signed and submitted along with this form. If a W-8 is not applicable, Bilfinger Corporate Finance must be notified for withholding setup.

Ordering Address

Same as Corporate Address

Ordering address is the address of the vendor location that will receive the Bilfinger PO and handle it. Can be the same as the corporate address. If more than one ordering address, please provide additional ordering addresses on a separate page.

Company Name:	_____	Tax ID Number:	_____
(DBA Name):	_____	DUNS Number:	_____
Address 1:	_____	Contact Name:	_____
Address 2:	_____	Email Address:	_____
City:	_____	Phone:	_____
State:	_____	Zip Code + 4:	_____
Country:	_____	Fax:	_____
		Website:	_____

Remit-to Address

Same as Corporate Address

Same as Ordering Address

Remit-to address is the address of the vendor location (or outsourced processing company) that will receive the Bilfinger payment.

Company Name:	_____	Tax ID Number:	_____
(DBA Name):	_____	DUNS Number:	_____
Address 1:	_____	Contact Name:	_____
Address 2:	_____	Email Address:	_____
City:	_____	Phone:	_____
State:	_____	Zip Code + 4:	_____
Country:	_____	Fax:	_____
		Website:	_____

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BILFINGER

Business Enterprise Classification

- | | |
|--|--|
| <input type="checkbox"/> MBE (Minority Business Enterprise) | <input type="checkbox"/> VOSB (Veteran Owned Small Business) |
| <input type="checkbox"/> WBE (Women's Business Enterprise) | <input type="checkbox"/> SDVOB (Service Disabled Veteran Owned Business) |
| <input type="checkbox"/> SDBE (Small Disadvantage Business Enterprise) | <input type="checkbox"/> LGBT |
| <input type="checkbox"/> VOB (Veteran Owned Business) | <input type="checkbox"/> Not Applicable |

Payment Options (select one)

- Comdata ePayable Program (*preferred method of payment*)
- ACH / EFT (*please include voided check or bank account details on bank letterhead*)

Bank Name: _____

Routing Number: _____ Account Number: _____

- Check

Acknowledgment

Unless otherwise agreed by Vendor and Bilfinger in a specific contract or purchase order, all payments to Vendor shall be made net 60 days from the date of delivery or completion of the services and after Bilfinger's receipt of an acceptable invoice, whichever occurs later.

_____ confirms that all information provided in this form is true and correct
(Company Name)
and acknowledges its acceptance of the payment method and payment terms indicated above.

Authorized Name and Title (printed): _____

Authorized Vendor Signature: _____ Date: _____

Certificate of Liability Insurance: If you plan to have a person deliver on site and/or perform services, you are required to submit a Certificate of Insurance (COI). Please request your liability insurance carrier add Bilfinger Entity as an additional insured and provide us with a certificate of insurance listing Bilfinger Entity as the certificate holder.

Vendor Declaration: Please sign and date. Bilfinger mandates that we have a written agreement with each vendor with whom we do business and kept on file in the Corporate Office.