

Welcome!

We're excited to begin our partnership with you! To ensure we have the information we need to best serve you, please take a few moments to fill out the form below. If you have any questions, please feel free to contact us at any time. Thank you!

Company Information

Legal Name (from Line 1 of W9)

Supplier Name (from Line 2 of W9)

Main (W9) Address

CITY

STATE

ZIP

PHONE NUMBER

FAX NUMBER

Company Website

Taxpayer Identification Number (TIN)

EMPLOYEE IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER

Tax Organization Type

W-9 Box 3 Classification

- Individual / Sole Proprietorship or Single-member LLC
- C Corporation
- S Corporation
- Partnership
- Trust / Estate
- LLC (Limited Liability Company)
- Corporation - Non-Profit (IRS Code Section 501(c)(3))
- Other

Business Classification

- Small Business
- Woman Business Enterprise
- Minority Business Enterprise
- Disadvantaged Business Enterprise
- Veteran-owned Small Business
- HubZone Small Business
- Other

Purchasing Information

Supplier Site Name

Purchasing Site Address

CITY

STATE

ZIP

Phone

FAX

PO Issue Method

Yes

No

eMail

PO Issue Method

Yes

No

EDI Capable

Yes

No

Payment Information

REMIT TO Address

ADDRESS

CITY

STATE

ZIP

Phone

FAX

eMail

REMIT TO Point of Contact

Contact Name

TITLE & DEPARTMENT

EMAIL

PHONE NUMBER

ACH

YES NO

Requests for ACH / EFT Payments must include the completed attached Authorization Form. Please ensure the form is signed and submit it with this form and your other documents. An FMOLHS team member will call the Contact named above to verify banking information prior to approval.

3rd Party Payee Affiliation

If your company is affiliated with a 3rd Party for Accounts Receivable, please provide the information below.

Not Applicable

3rd Party Payee Company Name

Tax ID

CITY

STATE

ZIP

Key Contacts Information

Account Manager / Representative Name

EMAIL

TITLE & DEPARTMENT

PHONE NUMBER

B2B / e-Commerce Contact Name

EMAIL

TITLE & DEPARTMENT

PHONE NUMBER

Contract Signature Authority Name

EMAIL

TITLE

PHONE NUMBER
