



NEW SUPPLIER INFORMATION FORM

Date: _____

AMWAY INTERNAL BUSINESS PARTNER

- Acknowledge the Amway Conflict of Interest Policy by checking box below and electronically signing.
- Email the signed form to your Supplier for completion.

Disclosure Statement:

Altacor requires an employee to disclose to management any actual or potential conflict of interest of which the employee is aware, even if the employee is not a party to the conflict of interest. When in doubt whether a situation may create a conflict of interest the employee should make prompt and complete disclosure of all the relevant facts to his or her manager. (Reference Procurement Policy 2.1.2)

I acknowledge that I comply to Amway's Conflict of Interest Policy.

Print Name: _____

Signature: _____

SUPPLIER – GENERAL INFORMATION

- The Supplier is required to completely fill out this section of the form to receive payment.
- Payment Terms are net 60 days.

Supplier Name:

Amway Internal Contact Name:

Address:

Country:

City:

State:

Postal/Zip Code:

Phone:

Select your preferred Payment method:

*Amway no longer offers checks as a payment method

ACH / EFT Wire Transfer (Foreign supplier)

Email Address for sending PO:

EFT Confirmation Email Address (as required):

Accounts Receivable Contact Name:

Accounts Receivable Contact Email Address:

SUPPLIER – FINANCIAL REMITTANCE INFORMATION

- The Supplier is required to completely fill out this section only if it is different than above.

Supplier Payee Name:

Address:

Country:

State:

City:

Postal/Zip Code:

Phone:

SUPPLIER – FINANCIAL DOCUMENTS

- The Supplier MUST submit a W9 to receive payment.
- The Supplier MUST submit either ACH / EFT or Wire Transfer document to receive payment.

**SUBMIT THIS FORM AND ALL NECESSARY FINANCIAL DOCUMENTS TO:
ADDRESS.BOOK@AMWAY.COM**

ACH ENROLLMENT FORM

VENDOR INFORMATION

Vendor Name: _____

Vendor Address: _____

Date: _____ Federal Taxpayer ID: _____
MONTH/DAY/YEAR

Account Status:

Set up New Account

Change Account Profile

BANK INFORMATION

We would like our disbursements paid via ACH and deposited in the following bank account

Account Type: Checking Savings

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Bank Address: _____ City: _____

State: _____

Attach one of the following (check one):

Zip Code: _____

Voided Check

Bank letter or specification sheet (see your bank representative for information)

Vendor authorizes Alticor Inc. and its affiliates (individually and collectively referred hereinafter as "Alticor") to initiate electronic credit entries ("ACH Entries") to the bank account shown above (the "Account"). Each ACH Entry that Alticor initiates to the Account shall be subject to the terms of this authorization and the Operating Rules of the National Automated Clearinghouse Association ("NACHA"), as those rules are amended from time to time. This authorization shall remain in full force and effect until Alticor receives written notice from Vendor of its termination and Alticor and Vendor's bank have had a reasonable opportunity to act on the termination notice. Alticor is authorized to initiate credits and debits to the Account to correct any transactions credited/debited in error.

THIS SECTION COMPLETED BY THE VENDOR

Date: _____ Approved by: _____
MONTH/DAY/YEAR

Telephone Number: _____

E-mail Address for EFT Confirmation: _____

THIS SECTION COMPLETED BY ALTICOR

Date Received: _____ Approved by: _____
MONTH/DAY/YEAR

Date Entered: _____ Entered by: _____
MONTH/DAY/YEAR

Date Verified: _____ Verified by: _____
MONTH/DAY/YEAR