



# Request for New Supplier Setup

**\*\* Required field\*\***

## 1. SUPPLIER INFORMATION:

<b>**Supplier Name:</b>	_____	<b>**Currency:</b>	_____
<b>**Address:</b>	_____ _____	<b>**Phone:</b>	_____
		Fax Number:	_____
<b>**Remit to Address:</b> (if different)	_____ _____ _____	<b>**Contact:</b>	_____
		<b>**Email:</b>	_____ (Commercial / PO Notification Contact)
		<b>**Contact:</b>	_____ (Commercial / PO Notification Contact)
		<b>**Email:</b>	_____ (A/R / Payment Remittance Contact)
<b>**Country/Province</b>	_____	<b>**Email:</b>	_____ (A/R / Payment Remittance Contact)
<b>**Federal Tax ID/or VAT:</b>	_____	<b>DUNS #:</b>	_____ (if available)

Attached (If applicable):  W-9 (must be attached as separate document)  W-8 (foreign supplier doing business in US)  
 W-8 and W-9 documents are available at <https://www.irs.gov/forms-pubs>

## 2. ELECTRONIC PAYMENT INFORMATION (ACH/EFT/WIRE):

<b>**Bank Name:</b>	_____	<b>For Non-US Accounts:</b>	
Bank Address:	_____ _____	<b>**Bank Country:</b>	_____
City, State:	_____	<b>**Swift code/BIC:</b>	_____
Bank Phone:	_____	<b>**Bank Branch #</b>	_____
(Required for ACH and EFT)		<b>**Bank Code #</b>	_____
<b>**Routing/ABA:</b>	_____	<b>**IBAN #</b>	_____
(For US Accounts Only)		For non-US accounts, please attach a document containing bank details either on company letterhead or a pro-forma invoice.	
<b>**Account Number:</b>	_____		

## 3. SETUP DETAILS (MUST BE COMPLETED BY Masco Cabinetry REQUESTER):

System(s):  Unidata  7I Payment Terms \_\_\_\_\_ (EOAP60 unless otherwise noted with approvals below)

## 4. JUSTIFICATION (MUST BE COMPLETED BY Masco Cabinetry REQUESTER):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 5. APPROVALS:

a. Supplier agrees that all orders are subject to Masco Cabinetry standard purchasing terms and conditions as in effect and incorporated herein by reference and available at [www.mascopurchasing.com](http://www.mascopurchasing.com) or by requesting a copy from Masco Cabinetry, 4600 Arrowhead Drive, Ann Arbor, MI 48105, 734-205-4600.  
 b. Supplier agrees to terms and conditions of Certification of Equal Employment Opportunity as in effect and incorporated herein by reference and available at [www.mascocabinetry.com](http://www.mascocabinetry.com) or by requesting a copy from Masco Cabinetry, 4600 Arrowhead Drive, Ann Arbor, MI, 48105, 734-205-4600

<b>**Supplier:</b>	<b>**Masco Cabinetry Requester:</b>
_____ Signature (concur EEO cert & P.O. terms)    Printed Name    Date	_____ Signature    Printed Name    Date

**\*\*Masco Cabinetry Approver:**

\_\_\_\_\_  
Signature    Printed Name    Date