



# Key.com Supplier Information Sheet

Fax completed form to: 419-259-8062

New  Change

Rev. 1/04

## New Supplier Set-Up

Supplier Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Remittance Address \_\_\_\_\_

Remittance Fax # ( ) \_\_\_\_\_ Telephone # (mandatory) ( ) \_\_\_\_\_

Purchase Order Address \_\_\_\_\_  
*(If different from remit to address)*

PO Fax # \_\_\_\_\_  
*(mandatory for purchasing site)*

TIN \_\_\_\_\_ Internet Address \_\_\_\_\_

SSN \_\_\_\_\_ Owner's Name if SSN \_\_\_\_\_

Owner's Date of Birth \_\_\_\_\_

Independent Contractor:  Y  N If Yes. Independent Contractor's SSN \_\_\_\_\_

Type: Place an X in the appropriate box below:

IND/Sole Proprietor:  Y  
*(SSN required)*

Corporation:  Y  
*(TIN required)*

Sole Shareholder Corporation:  Y  
*(TIN required)*

Partnership:  Y  
*(TIN required)*

Non-Profit:  Y  
*(TIN required)*

Sole Member LLC:  Y  
*(TIN required)*

## Please attach IRS Form: W9 -- Required for new supplier set-up

Your Name \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

## Supplier Diversity Tracking

*(Note: Supplying diversity information is optional and will only be used for tracking purposes.)*

Indicate Company Ownership – Place an X in the appropriate boxes below:

Male:  Y

African American:  Y

Caucasian:  Y

Female:  Y

Asian Indian:  Y

Hispanic:  Y

Alaskan Native:  Y

Asian Pacific:  Y

Native American:  Y

## Electronic Funds Transfer

Bank Name \_\_\_\_\_

Account No. \_\_\_\_\_

ABA Routing & Transit # \_\_\_\_\_

Please attach a voided check. A deposit slip is not acceptable.