

VENDOR APPLICATION FORM

Thank you for your interest in working with the BOWA team!
Please complete this form and forward to our accounting department.

How did you hear about BOWA?

Please state Project Name or Address for which you are applying for:

COMPANY INFORMATION

Company Name (*Name in which payments will be made out to*): _____

Please Note: Name stated above should be the same on all documents submitted including: Certificate of Insurance & Subcontractor Agreement.

Main Office

Street Address: _____

Mailing Address: _____
(If Different)

City, State Zip: _____

City, State Zip: _____

Main #: _____

Website Address: _____

Main Fax #: _____

Accounting

Accounting Contact : _____

Accounting Work #: _____

Accounting Email: _____

COMPANY ORGANIZATION

Officer's / Owner's Name: _____

Company Organization: Corporation: ☐
Partnership: ☐
Sole Proprietor: ☐

Years in Business: _____

Federal ID Number (FEIN): _____

SERVICES PROVIDED AND EXPERIENCE

Payment Terms: _____

Payment Discount Terms: _____

Monthly Statements Provided: Yes ☐ No ☐

Monthly Payment Due Date: _____

I attest that all the information provided is true to the best of my knowledge.

Authorized Signature: _____

Title: _____

Date: _____



ELECTRONIC FUND TRANSFER (EFT)
AUTHORIZATION AGREEMENT PAYMENT FORM

For your convenience and benefit, **BOWA Builders, Inc.** offers employees, vendors, subcontractors, and others the opportunity to receive payments electronically, rather than by check. Payments will be deposited into the checking or savings account of your choice. To receive these EFT payments, please complete this form and attach a picture or PDF of your check for the account referenced below. Email both to ap@bowa.

	Account Information (see sample check below for routing and account number location)
Bank Name:	
ABA/Routing No.:	
Account Number:	
Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Bank Account Holder Name (Business or Individual): _____

Authorized Signature: _____ Date: _____

Authorized Name (Printed): _____ Title: _____

Contact Person's Name: _____

Contact Person's Telephone Number: _____

Contact Person's Email Address: _____

Email completed form to: **AP@BOWA.COM**

YOUR NAME
1234 Main Street
Anywhere, OH 00000

DATE _____

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

ROUTING NUMBER **ACCOUNT NUMBER** **CHECK NUMBER**

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.