

New Vendor Information Form

<input type="checkbox"/> TOTE Maritime Alaska, LLC	<input type="checkbox"/> TOTE Maritime Puerto Rico, LLC	<input type="checkbox"/> TOTE Shipholdings, LLC	<input type="checkbox"/> TOTE Group, LLC
<input type="checkbox"/> TOTE Services, LLC	<input type="checkbox"/> Puerto Rico Terminals, LLC	<input type="checkbox"/> First Coast Terminals	
<input type="checkbox"/> TOTE Resources, LLC	<input type="checkbox"/> TOTE Maritime Agency Puerto Rico, LLC	<input type="checkbox"/> TOTE Maritime Agency USVI, LLC	

VENDOR/PAYEE NAME

Business Name (DBA): _____ Date: _____

Legal Name / W9/W8 Name: _____

Note: This form must accompany a W-9 or W-8 Form to proceed with Vendor Set Up and Disbursements.

PRIMARY ADDRESS

Physical Address: _____

City: _____ Province/State: _____ Country: _____ Mail Code: _____

REMIT TO ADDRESS

Street or PO Box: _____

City: _____ Province/State: _____ Country: _____ Mail Code: _____

ACCOUNTING CONTACT INFORMATION

Primary Contact Name: _____ Phone: _____

Email Address: _____ Fax: _____

BUSINESS CLASSIFICATION (As per Federal SBA Guidelines - SBA.gov)

<input type="checkbox"/> - Large Business	<input type="checkbox"/> - Service Disabled Veteran Owned	<input type="checkbox"/> - Minority Owned Business (Specify)
<input type="checkbox"/> - Small Business	<input type="checkbox"/> - Non Profit	<input type="checkbox"/> - Asian Pacific American <input type="checkbox"/> - Native American
<input type="checkbox"/> - Small Disadvantaged Business	<input type="checkbox"/> - HUBZone	<input type="checkbox"/> - Black American <input type="checkbox"/> - Asian Indian American
<input type="checkbox"/> - Veteran Owned Business	<input type="checkbox"/> - Women Owned Business	<input type="checkbox"/> - Hispanic American

VENDOR REPORTING REQUIREMENTS

1099 MISC. reporting required? Yes ☐ No ☐ Tax Exempt Certificate required? Yes ☐ No ☐

TYPE OF SERVICE PROVIDED BY THIS BUSINESS

☐ Product: _____ ☐ Service: _____ ☐ Other: _____

PAYMENT INFORMATION

ACH Preferred: Please provide voided check copy or bank form. ACH attached? Yes ☐ No ☐

International wire payments require banking details, including IRC, on company letterhead.

Payment Terms: Unless otherwise noted, Standard Payment Terms are Net 30.

SIGNATURE INFORMATION - The information provided in this form is true and correct.

Authorized Vendor Print Name / Title: _____

Authorized Vendor Signature: _____ Date: _____

For questions, please contact Accounts Payable at: AccountsPayable@toteresources.com

FOR INTERNAL USE - TO BE COMPLETED BY PURCHASER

<input type="checkbox"/> Vendor	<input type="checkbox"/> Crew Member	Code of Ethics? <input type="checkbox"/>
Purchaser Name - Print: _____		Date: _____
Management Approval: _____		Date: _____

FOR INTERNAL USE - TO BE COMPLETED BY AP

W-9/W-8? ☐ TIN match? ☐