

### 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 Puerto Rico Agency, 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](mailto: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? ☐