

New Vendor Information Form

- | | | |
|---|---|---|
| <input type="checkbox"/> TOTE Maritime Alaska, LLC | <input type="checkbox"/> TOTE Maritime Puerto Rico, LLC | <input type="checkbox"/> TOTE Services, LLC |
| <input type="checkbox"/> PUERTO RICO Terminals, LLC | <input type="checkbox"/> TOTE Shipholdings, LLC | <input type="checkbox"/> TOTE, Inc. |

VENDOR/PAYEE NAME

Business Name (DBA): _____ Date: _____

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

Street or PO Box: _____

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

REMIT TO ADDRESS

Street or PO Box: _____

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

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

VENDOR REPORTING REQUIREMENTS

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

TYPE OF SERVICE PROVIDED BY THIS BUSINESS

PAYMENT INFORMATION

Voided check copy or bank form must be submitted for direct deposit via ACH.

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

Vendor Crew Member Code of Ethics?

Purchaser Name - Print: _____ Date: _____

Management Approval: _____ Date: _____

FOR INTERNAL USE - TO BE COMPLETED BY AP

W-9/W-8? TIN match?