



VENDOR APPLICATION



Not to be used for employees
Return to: New WinCup Holdings, Inc
55 Ivan Allen Jr. Blvd., NW, Suite 900, Atlanta, GA 30308
or email: vendorinvoice@wincup.com

REASON CODE (CIRCLE ONE)
 NEW VENDOR
 ADDRESS CHANGE
 NAME CHANGE (PLEASE ATTACH WRITTEN NOTIFICATION FROM VENDOR)

VENDOR CLASSIFICATION CODE (CIRCLE ONE)
 INDIVIDUAL/SOLE PROPRIETOR PARTNERSHIP
 CORPORATION EXEMPT CHARITY
 FREIGHT COMPANY OTHER(FOREIGN/GOV'T,ETC _____)

VENDOR INFORMATION

NAME _____

DBA NAME (IF APPLICABLE) _____

*FED TAX ID / SOCIAL SECURITY NUMBER _____

TERMS N45 _____

PURCHASING ADDRESS:

STREET ADDRESS _____

CITY,STATE,ZIP _____
 TELEPHONE _____ FAX NUMBER _____
 E MAIL ADDRESS (Company) _____
 SALES CONTACT NAME _____ TITLE _____
 ACCOUNTING CONTACT NAME _____ TITLE _____

REMIT TO ADDRESS: (IF SAME AS PURCHASING WRITE "SAME AS ABOVE")

STREET ADDRESS _____

CITY,STATE,ZIP _____
 TELEPHONE _____ FAX NUMBER _____

SUPPLIER DIVERSITY TEIR II REPORTING
 CHECK THE ONE THAT APPLY: (PLEASE ATTACH CERTIFICATE)
 SBA _____
 MBE _____
 WBE _____
 SDVET _____

REQUESTED BY _____ DATE _____
H & V LOCATION _____
*MANDATORY - VENDOR HAS TO SUBMIT A W-9, and a Certificate of Insurance