Generac USA Non-Production Vendor Banking Information GENERAC

Enter Vendor Numbers for an existing vendor change request.								
Main Vendor (VN) #:			Invoicing Party (PI) #:					
Request Reason - select one								
☐ New Vendor - Original Setup			☐ Change Request - Modify Banking Details					
Payment Information								
IMPORTANT NOTE:	Select one payment method below. Note your initial payments will be held until your banking details have been confirmed.							
Payment Currency:								
ACH - USA ONLY with 2% Discount 15 Days, Net 60								
☐ WIRE TRANSFER - NON-USA ONLY with 2% Discount 15 Days, Net 60								
Name Information								
IMPORTANT NOTE:	Current W-9 (USA) or W-8 (NON-USA) tax certificate copy is required with this request and enter names below ONLY as shown.							
Formal Business Name:	_							
DBA Name (Doing Business As):								
(Doing Business As).								
Bank Details - complete all lines below required by your country								
Beneficiary Name: (Only when different than Vendor Name)								
Bank Name:								
Bank City:								
Bank Country Name:								
(When different than Vendor's Country)								
Bank Key (US Routing/ABA Number):								
Swift Code/BIC:								
IBAN:								
CLABE (18 Characters):								
Bank Account Number:								

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Required Payments Conta	ct Details								
Contact Name:									
Contact Name Business Title:									
Contact Phone Number:				Extension:					
Payment Notification Email:				·					
Required Validation Repre	sentative Signatı	ıre							
IMPORTANT NOTE:	Your initial payments will be held until your banking details have been confirmed to Generac by the individual that has signed below.								
Signature:									
Business Title:	Print Name:								
Phone Number:	Extension:								
Email Address:		Date:							
Below this line is for Generac personnel ONLY									
Required Generac Signature									
Department Signate		e Print		Name	Date				
Vendor Request Initiato	r:								
Banking Information Verification									
Department Signatu		re	Print Name		Date				
Corporate Master Dat Representative									
Communication Method	d:	none		☐ Email (copy attached)					
Comments (when applicable):								

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