



# ZHI VENDOR CERTIFICATION FORM

To be able to do business with ZHI's, VENDORS/CONTRACTORS must complete this form in addition to providing a current Tax Clearance Certificate, VAT Registration and all Company Registration Documents

Please provide information legibly

**Legal Name:** \_\_\_\_\_  
 (last name first) Enter individual's name.

**Trade or Business Name**  
 (e.g. Doing Business As): \_\_\_\_\_  
 Enter the company/individual name as it appears under your Registration Documents

<b>Mail CONTRACTING DOCUMENT to:</b>		<b>Mail PAYMENTS to (for non-Wire Payments):</b>	
Attn: _____	Title: _____	Attn: _____	Title: _____
Street: _____		Street: _____	
(a P.O. Box cannot be accepted for a purchase order address)		P.O. Box: _____	
City: _____		City: _____	
State: _____	Zip: _____	State: _____	Zip: _____
Country: _____		Country: _____	
Telephone: _____		Telephone: _____	
Fax: _____		Fax: _____	
Email: _____		Email: _____	

(If additional purchasing or payment sites are applicable, please attach additional site information.)

(Double click in boxes to electronically apply checkmark)

**Type of Organization (Check only ONE):**

Individual Recipient (not owning a business)

Sole Proprietorship \_\_\_\_\_

Partnership \_\_\_\_\_

Incorporated Business \_\_\_\_\_

Nonprofit Organization \_\_\_\_\_

Government Entity \_\_\_\_\_

Limited Liability Company (LLC) \_\_\_\_\_

(Enter tax classification (D=disregarded entity, C=corporation, P=partnership) \_\_\_\_\_)

**Tax Business Partner #:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

**Consultant #** \_\_\_\_\_

**VAT Registration # (as applicable)** \_\_\_\_\_

Both commercial and non-commercial vendors with a local or international bank account will be paid via a bank transfer. Enter the appropriate banking details below:

BANK NAME		ISO CURRENCY CODE	
BANK ADDRESS 1.		BENEFICIARY ACCOUNT NAME	
BANK ADDRESS 2.		BENEFICIARY ACCOUNT NUMBER	
BANK COUNTRY		<input type="checkbox"/> ACH <input type="checkbox"/> WIRE ABA ROUTING #	
BANK TELEPHONE #		SWIFT BIC CODE	
BANK FAX #		IBAN	
BANK BRANCH NAME		CNAPS	
BANK BRANCH ADDRESS		BANK CONTACT NAME	

SUPPLIER CERTIFICATION: Under penalties of perjury, I certify that (via electronic receipt or manual signature) that to the best of my knowledge the information provided is adequate and sufficient.

\_\_\_\_\_  
**Signature** (person authorized to commit your organization to contractual obligations)