

Formerly known as Rexel Holdings USA Corp., and its affiliated business units including but not limited to Patt Electric Supply, Rexel Electric Supply, Rexel Automation Solutions, Gexpro, Gexpro Services, Parts Super Center, Brohl & Appell, New Haven Supply, Capitol Light and Rexel Energy Solutions ("Rexel")

### Indirect Expense Vendor Profile

**Remit to Information:** Provide how it will appear on your invoices to our company.

If you have multiple remit to locations, please make additional copies of this page to include with this packet.

Vendor Name: \_\_\_\_\_ Remit to Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Supplier Website Address: \_\_\_\_\_

Select your preferred method of being paid:  ACH  
 Credit Card (V-Card)\*  
 Checks  
 Wire (International)\*\*

\*For more information on V-Card, click the following link:

\*\* If Wire is selected and your company does not have a U.S taxpayer ID, the enclosed W-9 form is not applicable. Your company will require the pertinent W-8 form. See [www.irs.gov/formW8](http://www.irs.gov/formW8)

Our Payment terms are: Net45 unless contractual agreement is in place

Select Supplier Type:  Goods and/or Service Provider  
 Rent  
 Attorney/Legal  
 Medical & Health Care  
 Exempt/Non-Profit (please provide 501C, etc.)  
 Government/Federal Entity

#### Accounts Receivable Contact

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

#### Signature

Signature of Person Completing This Form: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTN: VENDORS**  
*Please note our Bill to Address:*

**Rexel USA Inc**  
**Attn: Indirect AP Dept.**  
**14951 Dallas Parkway**  
**Dallas, TX 75254**

**Preferred method for sending invoice via Email: [VendorRelations@rexelusa.com](mailto:VendorRelations@rexelusa.com)**

For internal use only:

Vendor number:

Site/s:

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<p><b>Form W-9</b> (Rev. November 2017) Department of the Treasury Internal Revenue Service</p>	<p><b>Request for Taxpayer Identification Number and Certification</b></p> <p>▶ Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.</p>	<p>Give Form to the requester. Do not send to the IRS.</p>
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Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC    <input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small></p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Apply to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>6 City, state, and ZIP code</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:5%; text-align: center;">-</td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:5%; text-align: center;">-</td> <td style="width:40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>OR</b>					
<b>Employer identification number</b>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border: 1px solid black; height: 20px;"></td> <td style="width:5%; text-align: center;">-</td> <td style="width:85%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

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***ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT***

**VENDOR INFORMATION**

VENDOR NAME ("VENDOR")	Date		
REMIT TO ADDRESS (HOW IT SHOULD APPEAR ON INVOICES)	CITY	STATE	ZIP
ACCOUNTING CONTACT NAME	TELEPHONE	FAX NUMBER	
IRS TAXPAYER ID (FEIN)			
EMAIL ADDRESS FOR REMITTANCE ADVICE			

Above named Vendor hereby authorizes Rexel USA, Inc. formerly known as Rexel Holdings USA Corp., and its affiliated business units including but not limited to Platt Electric Supply, Rexel Electric Supply, Rexel Automation Solutions, Gexpro, Gexpro Services, Parts Super Center, Brohl & Appell, New Haven Supply, Capitol Light and Rexel Energy Solutions ("Rexel") to originate Automated Clearing House and Wire electronic funds transfer (EFT) credit entries to Vendor's account, as indicated below, for payment of goods and/or services.

**BANKING INFORMATION-ACH Suppliers (Suppliers with US Banks)**

BANK NAME	BANK ABA ROUTING NUMBER	BANK ACCOUNT NUMBER	
ADDRESS	PHONE	BANK ACCOUNT TYPE CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/>	
CITY	STATE	ZIP	BANK CONTACT NAME

**BANKING INFORMATION – Wire Suppliers (Suppliers with Foreign Banks)**

PRIMARY BANK NAME	ACCOUNT NUMBER OR IBAN NUMBER	ABA ROUTING NUMBER OR SWIFT CODE	
ADDRESS	PHONE	BANK ACCOUNT TYPE CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/>	
CITY	STATE	ZIP	BANK CONTACT NAME
INTERMEDIATE BANK NAME (If Used)	CHIPS ID NUMBER OR ABA ROUTING NUMBER		
ADDRESS	CITY	STATE	ZIP

Vendor acknowledges and agrees that the terms and conditions of all agreements with Rexel USA, Inc. concerning the method and timing of payments for goods and services shall be amended as provided herein. If payment date falls on a weekend or holiday, funds will be deposited the following business day.

Vendor shall be responsible for any loss, which may arise by reason of any error, mistake or fraud regarding the information Vendor has provided in this agreement. This authority shall remain in effect until fifteen (15) days after Financial Institution, at address shown above, and Rexel USA, Inc. have received written cancellation from Vendor. Notice of cancellation shall in no way affect credit or debit entries initiated prior to actual receipt and processing of notice. Vendor understands that Rexel USA, Inc. may suspend this Agreement at any time.

By signing this Authorization, Vendor in no way relinquishes any legal right to dispute any item.

**Vendor Authorization:**

Authorized Name

\_\_\_\_\_  
Authorized Signature

Title

Date