



Supplier Information Form

Please complete all of the mandatory fields marked '*'.

Company Details

Registered Company Name*

Parent Company (if applicable)

DUNS Number (if applicable)

Corporate Website

Tax Country*

Tax Registration Number (e.g. VAT, Taxpayer ID)*

Tax Classification* (Tick one)

- Corporation
 Individual/Sole Trader
- Government Agency/Dep
 Partnership

Supplier Type* (Tick one)

- Car Taxis /Transfers
 Delegate
- Fleet/Vehicle Supplier
 Freelancer
- Government Agency/Dep
 Shipping/Postage
- Telecoms
 Travel Provider
- Utilities e.g Gas/Water/Electric
 Other

US Tax Reporting Status

- State
 Federal

Address (inc Postal/ZIP Code & Country)*

Finance Address (if different)

Account Manager

Name*

Job Title*

Email Address*

Telephone Number* (inc Country Code)

Accounts Receivable

Primary Contact Name*

Job Title*

Email Address for Purchase Orders*

Email Address for Remittance Notifications*

Telephone Number* (inc Country Code)



Payment Information

Invoice Currency*

Payment Currency (if different)

Payment Method*

 Electronic Check Direct Debit

Payment Terms

Bank Account (if requiring electronic payment)

Name on Account

Name of Bank

Account Number

Sort Code / Routing Code

SWIFT/BIC Code

IBAN

Authorisation

I certify that the above information is true and accurate

Completed By*

Job Title*

Signature (Supplier)*

Date*

Payment Process

1. You should receive a Purchase Order document from your contact within the organization which includes the details of the goods or services being requested.
2. Your invoice, which should clearly indicate the Purchase Order number to which it relates, should be submitted by e-mail to the email address shown on the Purchase Order. Invoices sent to any other address, e.g. the requester of the goods or services, may not be paid.
3. Payment will be submitted using the means requested within our standard payment terms of 60 days. If you require payment sooner than 60 days you should attach a signed copy of the contract or agreement detailing the non-standard payment terms.

Alternative Payment Process

In certain cases, UDG Healthcare Plc may deem the usage of Purchase Orders to be unsuitable. If this is the case you will be notified, by e-mail, of the payment process by the UDG Procurement Team.

Required Attachments

1. Companies or individuals working within the US should attach a completed **W8 or W9 form**. Your registration cannot be processed without this documentation.
2. Any supplier wishing to receive an electronic payment should provide **evidence of bank details**. This may include a pro-forma invoice or a letter on either your companies headed paper or the bank's headed paper. PDF documents only.