



Internal Use Only:
Supplier # _____
Entered by _____
Date _____

## Accounts Payable Supplier Master Form

This form must be completed in its entirety and legibly before payment can be processed for any new Supplier.  
Form must be submitted no less than 5 business days before payment can be issued.

   **New**    **Change** – (Describe change) \_\_\_\_\_

**Substitute Form W-9**  
*Please Print*

**Supplier Name:** \_\_\_\_\_  
(Limit of 60 spaces – **Must** be the same as **Legal Name** for Social Security Number or Employer Identification Number for U.S. companies, GST tax number for Canadian companies)

**Doing Business as:** \_\_\_\_\_

**Check One:** Enter your Taxpayer identification Number (TIN) on the appropriate line. For sole proprietors, this is your SSN# or your EIN, but the Supplier name must match your TIN. For other entities, it is your EIN.

**U.S. Companies:**

Corporation-Federal ID: \_\_\_\_\_ - \_\_\_\_\_

Partnership-Federal ID: \_\_\_\_\_ - \_\_\_\_\_

Individual (sole proprietor) - Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Income Tax Type: \_\_\_\_\_  
(Example: Misc 7-Non-employee compensation)

Certification: Under penalties of perjury, I certify that:

- 1) The number shown above is my correct taxpayer identification number and,
- 2) I am not subject to backup withholding and
- 3) I am a U.S. person (including a U.S. resident alien).

Signature of U.S. Person \_\_\_\_\_

Date \_\_\_\_\_

**Canadian Companies:**

GST Tax #: \_\_\_\_\_

**Tax Type:**  GST  GST/PST

**Pay Site (Remit to):**

**Address Line 1:** \_\_\_\_\_  
(Limit to 25 spaces)

**Address Line 2:** \_\_\_\_\_  
(Limit to 25 spaces)

City \_\_\_\_\_ State/Province: \_\_\_\_\_ Mail Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Payment Currency:**    **USD**         **CAD**

**Purchasing Site :**  (Check if same as above)

**Address Line 1:** \_\_\_\_\_  
(Limit to 25 spaces)

**Address Line 2:** \_\_\_\_\_  
(Limit to 25 spaces)

City \_\_\_\_\_ State/Province: \_\_\_\_\_ Mail Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Check Classification If Applicable:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> African American  | <input type="checkbox"/> Native American | <input type="checkbox"/> Canadian Aboriginal |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Asian Pacific   | <input type="checkbox"/> Disabled Veteran    |
| <input type="checkbox"/> Women Owned       | <input type="checkbox"/> Asian Indian    |  |

**Terms: Negotiated Terms:** \_\_\_\_\_ **Standard Terms: Net 45 Days**  
(New Suppliers should be set up with 45-day payment terms. According to the Lance, Inc. operating guidelines, any negotiated terms less than 45 days must have written approval from the Treasurer of Lance, Inc.)

Has the owner/operator or immediate relative of the owner/operator ever been employed by Lance or any of its subsidiaries?    **Circle One:** Yes No

**Signature of Authorized Representative:** \_\_\_\_\_ **Date** \_\_\_\_\_

**To be filled out by Lance Employee, For Internal Use Only**

**Supplier Type:** (Check one)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Rebate/Sales   | <input type="checkbox"/> Miscellaneous             | <input type="checkbox"/> Coca Cola Commissions  |
| <input type="checkbox"/> Tax Authority  | <input type="checkbox"/> Purchased Goods           | <input type="checkbox"/> Customer               |
| <input type="checkbox"/> Freight  | <input type="checkbox"/> Miscellaneous. Purchasing | <input type="checkbox"/> District               |
| <input type="checkbox"/> SCAC Code (Issued by National Motor Freight Traffic Association for Canadian Carriers) |  |   |
| <input type="checkbox"/> Raw Materials  | <input type="checkbox"/> Packaging                 | <input type="checkbox"/> Foreign Goods Supplier |
| <input type="checkbox"/> Maint Repair Garage  | <input type="checkbox"/> Maint Repair Vending      | <input type="checkbox"/> Maint Repair Oper.     |
| <input type="checkbox"/> Office Supplier  | <input type="checkbox"/> Broker                    | <input type="checkbox"/> Shipping Supplier      |
| <input type="checkbox"/> Stockrooms   | <input type="checkbox"/> Garnishment               | <input type="checkbox"/> M&M Mars Wires         |
| <input type="checkbox"/> Employee   |  |   |

**Pay Group:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Expense Report | <input type="checkbox"/> Customer Rebates | <input type="checkbox"/> Customer Refunds |
| <input type="checkbox"/> Payroll Tax    | <input type="checkbox"/> In-House Group   | <input type="checkbox"/> AP Group         |
| <input type="checkbox"/> AP Discounts   | <input type="checkbox"/> AP Tax           |   |

G/L Account #: \_\_\_\_\_

(List only if Supplier will ALWAYS be charged to this G/L account.)

**Sales and Use Tax Status:**

If this Supplier supplies ingredients, compounds, components, or packaging materials to be used as part of our finished product or supplies items, materials or fuel that is to be consumed in manufacture for resale or used directly and exclusively in the manufacturing process: Then requestor must attach a completed Exempt Use Certificate ex.(Massachusetts DOR Form# ST-12) with this form.

Requestor: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Dept. one up approver: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Return completed form to: Lance, Attn: Accounts Payable, P.O. Box 32368, Charlotte, NC 28232-2368 or fax to (704) 557-8185.

**Corporate Approvals:**

Procurement Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Treasury Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Requester Instructions:**

- 1) Send page 1 to the prospective supplier for completion.
- 2) Review Supplier provided information for completeness.
- 3) Complete page 2 information above.
- 4) Sign the form above and print your name in the space provided.
- 5) Obtain supervisory approval and forward to:

Lance, Attn: Accounts Payable, P.O. Box 32368, Charlotte, NC 28232-2368 or fax to (704) 557-8185.

- 6) Accounts Payable will notify requester of Oracle Supplier number.