



P.O. Box 657 | Sterling, IL 61081-0657 | PH: 815-625-0980 | FAX 630-875-4706

VENDOR INFORMATION REQUEST FORM (INITIAL SET-UP OR CHANGES)

Any individual or entity paid by HALO Branded Solutions, Inc. is considered a supplier. Suppliers must complete this form and IRS form W-9 prior to payment being issued. Information provided on this form is subject to verification, including, but not limited to, IRS Tax Identification Number (TIN) Matching. If request relates to an update or a modification, please only complete the applicable section(s). Please complete the following information and return it to HALO Branded Solutions, Inc. within 24 business hours to avoid payment delays and/or order(S) being redirected to an alternate source.

Submit completed and signed form(s) via one of the following methods:

Fax: 630-875-4706 or Email: vendorinformationupdate@halo.com

Check One Initial Supplier Setup Modification/Change Request

Section 1: General Information

Company Legal Name: _____

DBA/AKA: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Section 2: Payment Information

Remittance Address (if different from above):

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Type of Entity: C-CORP S-CORP NON PROFIT PARTNERSHIP LLC LLP Service/Individual

State Of Incorporation: _____ Dunn & Bradstreet: _____

Year Established: _____ Years At Current Address: _____

Minority Owned Business Entity: Y N Minority Classification _____

In order to be considered a diversity supplier, you must attach a copy of your certificate with your application.

Primary products/services provided to HALO: _____



P.O. Box 657 | Sterling, IL 61081-0657 | PH: 815-625-0980 | FAX 630-875-4706

Section 2: Payment Information (Continued):

Accounts Receivable Contact Name: _____

Phone: _____ Email: _____ Fax: _____

Customer Service Contact Name: _____

Phone: _____ Email: _____

Web Address: _____ Email: _____

ASI#: _____ PPAI#: _____ SAGE#: _____

Payment Terms (Payments Are Made Based On Receipt Date Of Invoic . Any invoice not received within 45 days of shipment will not be honored):

Net 45
Check

2% 10 Net 30
Check

ACH Choosing ACH requires that the ACH Authorization Form is filled out.

ACH Term Options (select one)**

2%/15 Net 35

Net 50

Rebate

3% from \$1

2% from \$1

1% from \$1

Other Rebate (use lines below to outline)

Special Pricing The special pricing noted will be used from year to year unless advised otherwise.

Invoice Options -

Sign up for EDI Mail through United States Postal Service

Send through email as an attached PDF (other formats or links are not accepted)



P.O. Box 657 | Sterling, IL 61081-0657 | PH: 815-625-0980 | FAX 630-875-4706

Section 3: Purchase Order Information:

HALO Purchase Orders will be issued based on the information entered in this section.

Important: The supplier name on HALO’s PO must match the supplier/payee name on all invoices submitted against the PO. Please adjust your system to receive emails from xxx.xxxx@halo.com. By doing this, it ensures efficient communications between our companies.

Customer Service Contact Information:

Name (Last, First): _____ Phone: _____

Email: _____

Sales Contact Information:

Name (Last, First): _____ Phone: _____

Email: _____

Contact Info

Sample Contact Email: _____ Phone: _____

Artwork Contact Email: _____ Phone: _____

PO Contact Email: _____ Phone: _____

New Vendor Checklist – The documents shown below are required to establish a business relationship with HALO. Please make sure that all are provided when returning this completed form in order to be approved as a HALO supplier.

- W9/W8
- Vendor Agreement
- Certificate of Insurance (HALO Must Be Listed As Additional Insured)

Section 4: Certification:

By signing below, you are attesting to the accuracy of the information provided in this form and that you are authorized to agree to payment terms.

Authorized/Officer Signature:  _____

Authorized/Officer Printed Name: _____

Title: _____

Date: _____