

Supplier's General Information

Request Type *	New	Screening GSD Ticket No.		Modification	Existing Vendor Code (Modification)	
Name (Legal Business Name) *						
Address (Street, City, State/Region, Postal Code) *						
Remittance Address: <i>(if different from address)</i>						
Tax ID Number (or similar doc. issued by govt.) *						
Supplier's Contact Name *						
Supplier's Phone Number *						
Supplier's E-mail Address *						
Supplier Purchase Order E-mail:						
Supplier Payment Remittance E-mail: <i>(mandatory for USA ACH payments)</i>						
DUNS No.:						
Payment Terms:	30 days from invoice date					

For Europe/Asia/Oceania payments

Preferred Payment Method *		ACH	Check	Account Name *	
Year-end 1099 required? (USA only)		Yes	No	IBAN Number *	
If Yes please select one of the below				Account Number *	
NEC	MISC Rents	MISC Medical & Healthcare	MISC Attorneys	Bank Name *	
If your preferred payment method is Check the below information is not mandatory				SWIFT Code *	
Account Name *				Bank Country *	
Account Number *				Sort Code *	
Bank Name *				Bank Code *	
Routing Number *				Currency *	
Currency					
SWIFT Code					

Bank Contact Name:	
Bank Contact E-mail:	
Bank Contact Phone:	

"Billing To" Wallenius Wilhelmsen Entity *	
(Name or Code)	
E-mail of the Internal WalWil Contact *	
(person ordering service/product)	
Form Submitted By *	
(Name, Title and Company)	
Date submitted *	

Return form to financialsystemsupport@walwil.com and CC your Wallenius Wilhelmsen contact.