VENDOR APPLICATION FORM

BRS Hydra ApS

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VENDOR APPLICATION FORM

| VENDOR | INFORMAI | ION |
|--------|----------|-----|
| | | |

| COMPANY / FIRM NAME as shown on Federal Tax Return | | | | | Vat Number | | |
|--|--------------------|-----------------|---------------|---------------|---------------------------|------------------------|--|
| | | | | | | | |
| ALTERNATE NAME if applicable / (doing business as) | | | | | TAX ID NUMBER FEIN OR SSN | | |
| | | | | | | | |
| POINT OF CONTACT NAME | | TITLE | TITLE | | | | |
| | | | | | | | |
| VENDOR ADDRESS | | <u>'</u> | | | | | |
| | | | | | | | |
| PAYMENT ADDRESS if differen | t from address abo | ove | | | | | |
| | | | | | | | |
| PHONE | VENDOR E | VENDOR EMAIL | | | | | |
| | | | | | | | |
| Order Email | CONTACT | CONTACT EMAIL | | | | | |
| | | | | | | | |
| | | | | | | | |
| nvoices send to nvoice@brshydra.dk? | Payment Term | S | | BANKING INFOR | OITAMS | N | |
| | | | | | | | |
| YES | XX days fro | om end of month | | | | | |
| NO | | | | ROUTING NO. | | | |
| | | | | | | | |
| REQUESTOR / VENDOR'S NAME SIGNA | | SIGNATURE | TURE | | DATE REQUESTED / SENT | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| VENDOR ID | | D | DATE RECEIVED | | | DATE PAYMENT PROCESSED | |
| INTERNAL USE ONLY | | | | | | | |