



NEW Supplier/Payee Setup Form

- Complete one form per request. You must include **all** backup documents in the same attachment.
- Email this form to: Support@EssilorSupport.com
- The IRS requires **all** information. An incomplete form will be **returned!**

REQUIRED: An Essilor (or Essilor related) Contact must complete **all** information in this section.

Request Date: _____

Name: Essilor Preferred Rewards Customer Support Phone: (866) 281-7951	Dept: Essilor Preferred Rewards Email: support@essilorsupport.com
Requesting Org: <input type="checkbox"/> ELOA <input checked="" type="checkbox"/> EOA <input type="checkbox"/> Nassau	
Supplier Name: _____ <input type="checkbox"/> One-Time Supplier <input type="checkbox"/> Re-activate	
Supplier Type: <input type="radio"/> Regular Supplier <input type="radio"/> Indep. Contractor <input type="radio"/> Lease/Rent <input checked="" type="radio"/> Customer <input type="radio"/> Other →	
Contract Agreement: <input type="radio"/> No <input type="radio"/> Yes (Please Attach Document) Annual Spending Over \$25k? <input type="radio"/> No <input type="radio"/> Yes	
Pay Terms: <input type="radio"/> 60 Net <input checked="" type="radio"/> Other → 5 NET Reason → Customer Incentive Program	
<i>*Note: If Net Terms is less than 60 days, you must provide a reason. Terms are subject to final review and approval by Sourcing Management.</i>	
Product or Service Provided: Customer Incentive Program	

REQUIRED: The Supplier/Payee must complete **all** information in this section.

***Note:** This form is **not** an approved substitute W-9 acceptable for supplier setup. For foreign suppliers, submit both the Requestor portion of this form plus a completed **WB-BEN** Form.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check the appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole prop. or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) ▶ _____ Note: Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner. Check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
4 Exemptions (codes apply only to certain entities, not individuals): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
5 Address (number, street, and apt. or suite no.) See instructions.	7 Remittance Address: if different from legal address no., street, and apt. or suite no.
6 City, state, and ZIP code:	8 City, state, and ZIP code:
9 Phone: _____ Fax: _____	Email Address: _____

Will You Accept Credit Card Payments? No Yes **Terms & Conditions Reviewed & Acknowledged?** No Yes

Part I Taxpayer Identification Number (TIN)	
Enter your TIN in the appropriate box. The TIN provided must match the name given on the line 1 to avoid backup withholding. For individuals, this is generally your Social Security Number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the W-9 instructions on www.irs.gov . For other entities, it is your employer identification number (EIN). If you do not have a number, see instructions on www.irs.gov . Note. If the account is in more than one name, see the instructions on www.irs.gov .	Social Security number
	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	or Employer identification number
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Part II Certification	
Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am an U.S. citizen or other U.S. person (defined on www.irs.gov); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on www.irs.gov .	

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____	
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