

New Vendor Information Form

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|-----------------------------------------------------|---------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> TOTE Maritime Alaska, LLC | <input type="checkbox"/> TOTE Maritime Puerto Rico, LLC | <input type="checkbox"/> TOTE Services, LLC |
| <input type="checkbox"/> PUERTO RICO Terminals, LLC | <input type="checkbox"/> TOTE Shipholdings, LLC | <input type="checkbox"/> TOTE, Inc. |

VENDOR/PAYEE NAME

Business Name (DBA): _____ Date: _____

W9/W8 Name: _____

Note: This form must accompany a W-9 or W-8 Form to proceed with Vendor Set Up and Disbursements.

PRIMARY ADDRESS

Street or PO Box: _____

City: _____ Province/State: _____ Country: _____ Mail Code: _____

REMIT TO ADDRESS

Street or PO Box: _____

City: _____ Province/State: _____ Country: _____ Mail Code: _____

ACCOUNTING CONTACT INFORMATION

Primary Contact Name: _____ Phone: _____

Email Address: _____ Fax: _____

BUSINESS CLASSIFICATION (As per Federal SBA Guidelines - SBA.gov)

- | | | |
|-----------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> - Large Business | <input type="checkbox"/> - Non Profit | <input type="checkbox"/> - Asian Pacific American |
| <input type="checkbox"/> - Small Business | <input type="checkbox"/> - HUBZone | <input type="checkbox"/> - Black American |
| <input type="checkbox"/> - Small Disadvantaged Business | <input type="checkbox"/> - Women Owned Business | <input type="checkbox"/> - Hispanic American |
| <input type="checkbox"/> - Veteran Owned Business | <input type="checkbox"/> - Minority Owned Business (Specify) | <input type="checkbox"/> - Native American |
| <input type="checkbox"/> - Service Disabled Veteran Owned | <input type="checkbox"/> - Asian Indian American | |

VENDOR REPORTING REQUIREMENTS

1099 MISC. reporting required? Yes No Tax Exempt Certificate required? Yes No

TYPE OF SERVICE PROVIDED BY THIS BUSINESS

PAYMENT INFORMATION

ACH Preferred: Please provide voided check copy or bank form. ACH attached? Yes No

International wire payments require banking details, including IRC, on company letterhead.

Payment Terms: Unless otherwise noted, Standard Payment Terms are Net 30.

SIGNATURE INFORMATION - The information provided in this form is true and correct.

Authorized Vendor Print Name / Title: _____

Authorized Vendor Signature: _____ Date: _____

For questions please contact Accounts Payable at: AccountsPayable@toteresources.com

FOR INTERNAL USE - TO BE COMPLETED BY PURCHASER

Vendor Crew Member Code of Ethics?

Purchaser Name - Print: _____ Date: _____

Management Approval: _____ Date: _____

FOR INTERNAL USE - TO BE COMPLETED BY AP

W-9/W-8? TIN match?