**Vendor Classification Code** *(check one)*

[ ]  Individual/Solo proprietor [ ]  Partnership

[ ]  Corporation [ ]  Exempt Charity

[ ]  Freight Company [ ]  Other (Foreign/GOV’T,etc.)

|  |
| --- |
| **Vendor Information:** |
| Name: |   |
| DBA *(if applicable):* |   |
| \*FED Tax ID /Social Security: |   |
| D-U-N-S number: |   |
| Terms: | Net 45 *(Default to standard Net 30 if left blank)* |
| **Purchasing Adress:** |
| Street Adress: |   |
|   |
| City, State, Zip |   |
|   |
| **Accounting Contact:** |
| Title: |   |
| E-mail: |   | Phone: |   |
| **Shipping Contact:** |
| Title: |   |
| E-mail: |   | Phone: |   |
| **Type of product or services being rendered:** |
|  |
|  |

**MANDATORY – Vendor must submit filled Form W-9** *“Request for Taxpayer Identification Number and Certification”**(*[*https://www.irs.gov/forms-pubs/about-form-w-9*](https://www.irs.gov/forms-pubs/about-form-w-9)*)*

Date: 11-04-2024 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature*

|  |  |
| --- | --- |
| Printed name: |  |
| Title: |  |

**Electronic Direct Deposit (ACH Payment) Authorization Form**

The checking account number and bank routing number on associated bank’s letterhead will also be accepted.

**\*Please type or write legibly\***

\*\*Before completing this form, call the ACH contact at your financial institution to clarify if there are any fees related to this service.

* Each entry will be for the amount of invoices presented to Kamstrup Water Metering LLC for payment and will be transmitted to your financial institution based on the payment terms that you have already agreed upon with Kamstrup Water Metering LLC.
* Unless otherwise indicated, all payments under the Taxpayer ID number below will be paid via ACH with the banking information provided.

**All Fields in below section are required:**

|  |  |
| --- | --- |
| Bank account holder’s name: |   |
| Taxpayer ID# |   |
| Company name as in on invoice: |   |
| Reporting name: |   |
| Bank account holder’s remit to address: |   |
| Telephone number: |   |
| Kamstrup account# *(if applicable)* |   |
| Contact name: |   |
| I (we) hereby authorize Kamstrup Water Metering LLC to initiate credit entries to my (our) checking account indicated below at the depository financial institution named below. This is a first-time setup [ ] This is an updated setup\*\* [ ] |
| Bank name: |   |
| ABA routing number: |   |
| Checking account number: |   |
| Remittance E-mail advice address: |   |

Return completed form by emailing form as an attachment to ap-us@kamstrup.com with *Electronic Payment Authorization* in the subject line. \*\* Please allow up to 10 business days for ACH account changes to be processed.

**Systems/Certifications:**

|  |
| --- |
| Does the company have any of the certifications listed below: |
| Standard | Certified : Yes/no | Certification valid until: | Remarks: |
| ISO 9001  |  |  |  |
| TS 16949 |  |  |  |
| ISO 14001 |  |  |  |
| ISO 45001 |  |  |  |
| ISO 27001 |  |  |  |
|  |  |  |  |
|  |  |  |  |

 *Please include copy of certificates in your reply*