

New Business Associate Request Form				
*Please provide an up to date W9 form along with this form				
Owner	Vendor	Operator	Participant	Other
Company Name:				
DBA/Addtl Names:				
Mailing Address:				
City, State, Zip				
Contact Info (Name, Email, Phone #):				
Remit Address (if different from mailing address)				
Address				
City, State, Zip				
Tax ID #		Tax ID Type		EIN      SSN
VENDORS ONLY				
Payment Terms:				
<b>Are you a register vendor in Open Invoice?</b>				
Company Name in Open Invoice:				
Site Name in Open Invoice:				
Address in Open Invoice:				
ACH Authorization				
Financial institution Information:		To be setup on ACH payment, you must also provide a voided check or letter from your financial institution along with this form.		
Bank Name:				
Name on Bank Account:				
Nine-Digit Bank Routing/Transit Number (ABA):				
Bank Account Number:		Type of Account:		Checking      Savings
Remittance Email Address:				
<p><b>Approval/Authorizations:</b> I hereby authorize INEOS to initiate automatic deposits to my account via electronic funds transfer (EFT also known as ACH) at the financial institution named above. Further, I agree not to hold INEOS responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This authorization shall remain in full force and effect unless and until I or the financial institution change or cancel such authorization. This authorization shall be deemed to have been changed or canceled only after 30 days after INEOS' receipt of a written request from me.</p>				
Print Name:			Date:	
Title:				
Signature:				
Return to the Attention of: INEOS USA Oil & Gas LLC				
By Email:		<a href="mailto:EnergyUS.SupplyChain@INEOS.COM">EnergyUS.SupplyChain@INEOS.COM</a>		
By Mail:		1400 16th Street, Suite 600, Denver, CO 80202		



## ACH Authorization Form

<b>Please Select One:</b>		
<input type="checkbox"/> NEW ACH	<input type="checkbox"/> CHANGE ACH	<input type="checkbox"/> CANCEL ACH

<b>Vendor/Payee Information:</b>
Name:
Address:
Contact Person's Name (if other than payee):
Telephone Number:
Email Address:

<b>Financial Institution Information:</b>	<b>You must provide a voided check or a letter from your financial institution for verification of your account.</b>
Bank Name:	
Bank Address:	
Name on Bank Account:	
Bank Account Number:	
Nine-Digit Bank Routing/Transit Number (ABA):	
Remittance Email Address:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

<b>Approvals/Authorizations:</b>	
Print Name: _____	Title: _____
Signature: _____	Date: _____

<b>Where to Return:</b>
By email: <a href="mailto:EnergyUS.SupplyChain@INEOS.com">EnergyUS.SupplyChain@INEOS.com</a>
By Mail: INEOS USA Oil and Gas LLC , 1400 16th Street, Suite 600, Denver CO 80202