

LONZA - VENDOR FORM ☐ Create ☐ Change Vendor No Vendor must complete form digitally and sign either digitally or in writing Legal Form (LLC, Inc., Ltd)*: Business Name (Legal Name)*: EIN/TAX-ID/VAT/MWST#*: if there is none, confirm by checking the following box: Business Description* National ID (e.g. Co.Reg./UID/CIF#): For US Vendors: W9 form is required (Forms may not be older than 24 months. Date and Signature are required) Please answer the following to be considered as a vendor *: ☐ No ☐ Yes Are you a Government Agency or Official? (Internal Category CC2) Will your company be acting on our behalf in matters such as selling of our goods or services (as sales agent/distributor/trader)? (Internal Category CC3) Will your company be interacting with others for us? (Internal Category CC4) **Vendor Information** Physical Address Floor/Suite/Bldg. (Suppl): Street/House Number Street 2: Country Code: ZIP/Postal Code: Region: Billing / Remittance Address (if applicable) Street/House Number/PO BOX: Floor/Suite/Bldg. (Suppl): Street 2: ZIP/Postal Code: Which of the above addresses should appear on the PO*? Physical Address Billing/Remittance Address Contacts (Include at least one email *) Sales Person Customer Service E-mail: Sales Phone: Customer Service Phone: Sales E-mail: Accounting E-mail: PO Receiver E-mail Accounting Phone: Electronic Payment Information Bank Name Bank Address: Bank Country Code Bank Acct*: Routing No. /Sort Cd/Bank Key*: BIC/SWIFT Code* IBAN*: ▮ Account Holder*: Email for Payment advice*: Comments: Please attach either a Bank Letter/Company Head Letter/Voided Check confirming bank information (Required)

Our Standard payment terms are 60 days.

If other terms were agreed, they overrule our standard payment terms.

I hereby certify that to the best of my knowledge, the information presented here is true and correct.

Full Name	Position*	Date*	Signature

^{*} Mandatory fields. Form invalid, if not filled out