



## INDIRECT VENDOR SET UP FORM

SUPPLIER'S HEADQUARTERS ADDRESS	
NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
PHONE:	
CONTACT NAME:	
CONTACT EMAIL:	
SUPPLIER'S ORDERING ADDRESS	
NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
PHONE:	
CONTACT NAME:	
CONTACT EMAIL:	
<b>**Ashland prefers to remit payments via ACH. Please submit bank name, bank address, account # and routing number on letterhead or provide a sample invoice with information. Ashland's Standard Payment Schedule is twice per month.</b>	
SUPPLIER'S REMIT TO ADDRESS	
NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
PHONE:	
CONTACT NAME:	
CONTACT EMAIL:	

- PLEASE PROVIDE A W9 FOR NORTH AMERICAN SUPPLIERS
- PLEASE PROVIDE VAT Reg NO: \_\_\_\_\_ FOR EMEA SUPPLIERS