

N-7 LLC New Vendor Request

This information is required to establish a New Vendor account with N-7 LLC.

Instructions

Please complete all fields and provide a completed/signed IRS form W-9 in 2018 Format (attached)

Please return this form and completed W-9 via email as soon as possible. For questions contact customer.service@n-7llc.com

Send ALL invoices to N-7 Accounts Payable via email at: n-7invoices@oci-global.com. For invoicing questions, call (319)531-1352 / (319)531-7284

			Company	Information			
Company Legal Name							
Tax EIN Number							
Street Address							
Country		State	City		Zip Co	ode	
Contact Name & Title		•	•	•	•	•	
Phone #		Cell#		Contact Email Address			
Payment Terms		Products	/ Services Offere	ed	•		
			Remittance/Bi	lling Information			
Company Legal Name							
Street Address							
Country		State	City		Zip Co	ode	
Contact Name & Title							
Phone #		Cell#		Billing Email Address			
			Bank Inf	formation			
Bank Name							
Bank Street Address							
Country		State	City		Zip Co	ode	
Routing/ABA No. (ACH)				SWIFT Number (ACH)			
Account Name				Account Number			
Email for Remittance							
			Sign	nature			
Name (Please Print)		Title		Sig	nature	Date	
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			Carrier Reque	est Information			
Driver Information							
Trailer Information	Trailer number, VIN, max gross weight, and light weight						
			Carrier Insuran	ce Requirements			
\$10,000 Cargo Insurance for aggregated damage/loss				\$5,000,000 Liability for NH3			
\$5,000 Cargo Insurance for damage/loss of contents				\$750,000 Liability for non-hazardous			
The Certificate	needs to show	as additional	insured:				
N-7 LLC				Email Certificate of Insurance to:			
5500 Sergeant Rd. Suite 101				insurancecerts@n-7llc.com			
Sioux City, IA 51106							