V US		Supplier Groups: DEL Terms:	REQUESTED BY:
<u> SILICA</u> °		Buyer ID: Ship Via:	LOCATION:
VENDOR ADD/CHANGE REQUEST FORM (REVISED JUNE 2021)		·	DATE:
NEW VENDOR		TAX ENTITY (Check W9) Corporation or S-Corp	SPECIAL VENDOR TYPE, IF APPLICABLE Law Firm
		Person/Sole Proprietor, Partnership, or Tru	
Employer Identification Number attach copy of most current W-9, or W-8 for foreign entities		☐ OTHER Government entities & foreign companies DO NOT require a W9.	☐ M.B.E. ☐ Veteran Owned
CHANGE (Fill in the COMPANY NAME, JDE/IFS#, ONLY the fields that are being modified.) All name changes must be accompanied by a W9.			
		0	NLY FILL IN THIS SECTION IF CHECKS SHOULD BE MAILED TO A LOCATION OTHER THAN THE MAILING ADDRESS.)
		MAILING ADDRESS	REMIT ADDRESS FOR CHECK PAYMENTS
COMPANY NAME			
ADDRESS			
SUITE, FLOOR, UNIT, ETC.			_
CITY, STATE ZIP CODE			
CONTACT NAME PHONE			
NUMBER			
JDE/ IFS # (IF CHANG REQUEST)			
	MUST ALSO	BE SUBMITTED ON VENDOR LETTE	RHEAD AND FILLED OUT ON NEXT PAGE
-		-	
BANK NAME		ROUTING NUMBER OR SWIFT CODE	VENDOR BANK ACCOUNT #
TO BE COMPLETED BY U.S. SILICA/EP MINERALS/SANDBOX EMPLOYEE ONLY			
SUPPLIER TYPE			
SEARCH TYPE			
PAYMENT TYPE EMAIL FOR ACH PAYMENT CONFIRMATION			OR ACH PAYMENT CONFIRMATION
PAYMENT TERMS			
IFS QUESTIONS ONLY: Would you classify this business as Critical? YES NO *If YES, Critical Supplier Assessment MUST be completed and attached			
	•	oducts to us or our customers? YES	NO
		ality Process (QP) on Purchasing/External So	uppliers for examples of Critical Suppliers OR
contact Quality with question		AUTHORIZED APPROVED	IDE /IEC DECORD CREATER /MODIFIER
REQUESTOR		AUTHORIZED APPROVER	JDE/IFS RECORD CREATED/MODIFIED
			Electronic Signature
Electronic Signature		Electronic Signature	
			Date
NAME		NAME	