



SERVICE SUPPLIER MAINTENANCE FORM

Items marked with an * are required fields -
Revised by Global Sourcing September 2019

*Supplier Name _____

Alternate Name or D/B/A _____

*Taxpayer ID Name _____

*Taxpayer ID# _____ Federal Social Security

*NAICS Code _____ *Does your Business classify as a Small Business Concern according to www.sba.gov? Yes No

If you are a diverse Business, circle all that apply:

HubZone Small Lesbian, Gay, Bisexual, and Transgender Minority Business Enterprise Small Disadvantaged Business
Service Disabled Veteran Veteran Owned Business Woman Owned Business other: _____

*Corporate Address _____

*Remit Address _____

*Ordering Address: (Order Method: Email EDX) _____

*Returning Address _____

*Primary Contact Name _____

*Name of Officers/Titles _____

*Primary Contact Email Address _____

*Phone _____

*Accounting Contact Name _____

*Accounting Email Address _____

*Phone _____

Are you incorporated? Yes No

Does this business provide contracting services for which taxes are paid on materials at time of purchase? Yes No

Do you have a Direct Pay Permit? Yes No

Tungsten e-invoicing REQUIRED. Have you enrolled in Tungsten e-invoicing? Yes No

http://www.tungsten-network.com/customer-campaigns/shaw_new/

Will you be doing service work on Shaw property? (If yes, you will need to complete additional paperwork) Yes No

Please describe the nature of your business _____

GLOBAL SOURCING INTERNAL USE ONLY

CHECK ONE: ADD CHANGE INACTIVATE

Is this a _____ one-time charge or should the Supplier be setup for _____ recurring charges?

FOREIGN CURRENCY: _____ YES _____ NO

PAYMENT INFORMATION:

PAYMENT TERMS: 90 days _____

Payment Method:

AP Card (US Only)

ACH (Us Only)

Supply Chain Finance (SCF)

Wire Transfer

Other: _____

FREIGHT INFORMATION:

FREIGHT TERMS: _____

FREIGHT TERMS CODE: _____

OFAC INITIAL SUPPLIER CHECK COMPLETED: Yes No

SUPPLIER SIGNATURE: By entering my name, my title and the date on the line below, I hereby indicate I am an authorized agent of the above named company and indicate agreement and acceptance of the items and terms noted on this form.

Name: _____ Signature: _____

Title: _____ Date: _____

SHAW ASSOCIATE REQUESTING: _____ Date: _____

GLOBAL SOURCING ASSOCIATE SIGNATURE: By entering my name and the date on the lines below, I hereby indicate my agreement and approval of the items and terms noted on this form. I have verified that all required information has been obtained and authorize the setup of this supplier.

Associate Name _____ Date: _____

Contractor Safety Questionnaire

1. GENERAL INFORMATION

- a. Type of work your firm specializes in: _____
- c. List the states where your firm is licensed to do business: _____

2. INSURANCE INFORMATION

- a. Current Experience Modification Rate (EMR): _____
- b. Insurance Company Agency (G/L, Auto, Excess/Umbrella & Workers' Compensation)
Name/Contact _____ Address (Include zip code) _____ Telephone No. _____

PROVIDE A STATEMENT FROM YOUR INSURANCE BROKER REGARDING YOUR EMR FOR THE PAST THREE (3) YEARS, ALONG WITH THE CURRENT MODIFIER RATE.

3. We understand that we are expected to meet or exceed all OSHA (29CFR 1901 and/or 19CFR1926) standards for employee safety and health to include required training. _____ (Initial)

The undersigned hereby represents that the statements, declarations, and answers contained in the foregoing survey are true and correct, and further agrees that any material omission of fact, misstatement, misrepresentation or fraud in the completion of this survey shall serve as grounds for the cancellation of any contract/subcontract that may be awarded to the undersigned by Shaw Industries Group, Inc.

Shaw Industries Group, Inc. is hereby authorized to investigate any portion of information that has been provided.

Completed By: _____

Title: _____

Signed this _____ day of _____ 20 ____

Please return this form to:

Shaw Industries Group, Inc.
ATTN: Risk Management
P.O. Drawer 2128
Dalton, GA. 30722-2128

Note: If you intend to subcontract any work to others, this form should be completed for each lower-tiered subcontractor.