

Financial EDI Authorization

Electronic Funds Transfer Bank Change Application

This Electronic Funds Transfer Application is between Transform Holdco LLC (together with its subsidiaries, Transform KM LLC "Kmart"; Transform SR LLC "Sears") and all other subsidiaries of Transform Holdco LLC and undersigned vendor.

Complete, sign and return this form to: Fax: 847-747-1604 or email: apectmailbox@transformco.com

Note: Completion of this application constitutes vendor agreement to which five (5) days float will be added to the payment terms. Additionally, vendor agrees not to change the terms submitted on their invoice.

This agreement will remain in effect until terminated by either party at any time, with or without cause, by giving thirty (30) days prior written notice to the other party.

CHANGE IN PAYMENT METHOD

Through VAN (via EDI 820) CCD+: ☐ - **OR** - Through Bank (with payment) CTX: ☐ - **OR** -
No Detail Sent via EDI - Vendor agrees to access detail from SHC Merchant Workbench / Sears Business Exchange®, : ☐

Remittance and deduction detail is available on SHC Merchant Workbench for all Kmart vendors and Sears vendors receiving orders generated by the Kmart Allocation/INFOREM order-writing systems. Remittance and deduction detail is available on Sears Business Exchange® for all other Sears vendors.

- For access to SHC Merchant Workbench, send an email to vendors@transformco.com
- For access to Sears Business Exchange®, send an email to vendors_relations@transformco.com

VENDOR INFORMATION

Vendor Name:		Pay Duns #	
Corporation: Yes <input type="checkbox"/> No <input type="checkbox"/>		Federal Tax ID / SSN #	
Address:	City:	State:	Zip:
Contact Name:		Phone:	
Email:		Fax:	
Website:			
Are you currently conducting business with Sears/Kmart via EDI: Yes <input type="checkbox"/> No <input type="checkbox"/>			
My company is paid by: <input type="checkbox"/> Sears <input type="checkbox"/> Kmart <input type="checkbox"/> Both			

NEW FINANCIAL INSTITUTION INFORMATION

Bank Name:			
Contact Person:		Phone:	
Name on Account:			
ACH Routing #:		<input type="checkbox"/> Checking Account - OR -	
Account #:		<input type="checkbox"/> Savings Account	

PREVIOUS FINANCIAL INSTITUTION INFORMATION		
Bank Name:		
Contact Person:		Phone:
Name on account:		
ACH Routing #:		<input type="checkbox"/> Checking Account - OR - <input type="checkbox"/> Savings Account
Account #:		

This Authorization supplements and does not supersede any existing Agreement or Agreement Section concerning EDI and EFT transactions between Company and Vendor.

Company must be notified in writing of any Financial Institution information changes 30 days in advance. If the change involves appointing a different financial institution, account number, or ACH Routing #, an Electronic Funds Transfer Bank Change Application is required.

THREE MOST RECENT REMITTANCES		
Remittance #	Remittance Date	Remittance Amount

This application is entered into by authorized representatives of the parties and shall take effect on the Application Effective Date.

AUTHORIZED VENDOR REPRESENTATIVE	
Printed Name:	
Signature:	
Title:	
Note:	This form must be form signed by an officer of the company. For example, the owner, president, VP, CEO, CFO etc
Phone #:	
Email address:	
Date Signed:	
Reason for bank change:	

FAX Completed Application to 847-747-1604 or email: apectmailbox@transformco.com

Upon receipt and review of your Application, a \$.01 penny test will be sent to your bank account to verify the account set-up. Once you have received the \$.01 in your account, a "Financial EDI/EFT Confirmation" form will be sent to you which you will be required to sign and return Upon receipt of your Financial EDI/EFT Confirmation form, your next payment will then be made to your new bank information provided, and the remittance detail delivered based upon the option you have chosen.

For questions or additional information regarding EFT, please email: apectmailbox@transformco.com

Transform Holdco Internal Use:

Approval:	
Date Signed:	