

Zava Supplier Registration Form

Please complete this form and return it to Zava's procurement team. Attach all required supporting documents (W-9 or equivalent tax form, insurance certificate, etc.).

Company Information	
Company Name:	_____
Address:	_____
City, State, ZIP:	_____
Country:	_____
Website:	_____
Primary Contact Name:	_____
Contact Title:	_____
Phone Number:	_____
Email Address:	_____
Business Details	
Tax ID / EIN:	_____
Business Type (LLC, Corp, etc.):	_____
Years in Business:	_____
Products / Services Offered:	_____
Banking & Payment Details	
Bank Name:	_____
Bank Account #:	_____
Routing # / SWIFT Code:	_____
Payment Terms Requested (e.g. Net 30):	_____
Compliance Documents	
W-9 or Tax Form Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Certificate Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Certifications (if any):	_____
Authorization	
Authorized Signatory Name:	_____
Title:	_____
Date:	_____