



**plus  
company**

250 Hudson St, 2nd FL  
New York, NY 10013  
949-809-6700  
[www.pluscompany.com](http://www.pluscompany.com)

## NEW VENDOR/FREELANCE SETUP FORM

Our company has identified you as a supplier with whom they choose to conduct business. In order to become a supplier to Plus Company US, you must email in PDF all required documents. Vendor invoices received without all of the below required information will not be accepted for processing and can delay receipt of payment.

### Required Documents: (mandatory for all vendors)

- Supplier Diversity Profile- located on *page 2*
- Form W-9 for U.S. suppliers. Taxpayer Identification Number and Certification (if applicable) located on *page 3*.
- A sample invoice (if the actual Invoice is unavailable). Invoice should include the below details:
  - Our billing information  
**Plus Company US Inc**  
**250 Hudson Street, 2nd Fl**
  - **New York, NY 10013**
  - Invoice number
  - Invoice date
  - Brief description of work/service
  - Total amount due
  - Remittance information
  - Social Media Account (i.e. IG, Facebook or LinkedIn)
- **Banking/Payment Option:** ACH Enrollment (*highly recommend*): If you would like to enroll in ACH for quicker remittance, rather than a 5-10 business day delay, please provide signed ACH Enrollment letter along with a voided check or a letter from your bank (**page 5**)

For reimbursements (i.e. travel expenses), proof of purchase/original receipt is required.

### Q: How and to whom do I submit invoices?

To expedite processing, please be sure to include the following information on your invoice(s) and submit directly to the Accounts Payable Department by email at [ap\\_us@pluscompany.com](mailto:ap_us@pluscompany.com)

### Q: How do I inquire about a payment date?

All payment inquiries should be sent to [ap\\_us@pluscompany.com](mailto:ap_us@pluscompany.com). Please make sure to include a copy of your invoice in your email.

**Payment Terms:** Plus Company US Inc operates on **net 60 payment term**. Should there be a need for a different arrangement, please let your contact know. Your request will be subject to management approval. All invoices from vendor must be received **within 30 days** of the date services are rendered. Invoices received after that date will not be paid.



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# Supplier Profile

## PART 1: GENERAL INFORMATION — to be completed and signed by Vendor

Please note that the data provided below must agree with the information registered with the IRS and a copy of your signed W-9 is required.

Pay To (must be the same as W-9 or W-8BEN)		Tax Payer Identification Number (SSN/EIN)
Contact Name		Title
Phone	Email Address	Company Website

**Mandatory:** This portion is to help improve our diversity reporting.

Please check the boxes that best apply to you and your business.

Business Structure	Diversity Indicator	Ethnicity	Sustainability Indicator
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Women Owned Business	<input type="checkbox"/> African American	<input type="checkbox"/> Climate Change
<input type="checkbox"/> Influencer (Individual)	<input type="checkbox"/> Minority-Owned Business	<input type="checkbox"/> Asian	<input type="checkbox"/> Recycling Program
<input type="checkbox"/> Freelancer (Individual)	<input type="checkbox"/> LGBTQ Owned Business	<input type="checkbox"/> Asian American	<input type="checkbox"/> Energy Conservation
<input type="checkbox"/> Partnership	<input type="checkbox"/> Veteran Owned Business	<input type="checkbox"/> Asian Subcontinent	<input type="checkbox"/> Water Reduction
<input type="checkbox"/> Limited Liability (LLC)	<input type="checkbox"/> Choose not to disclose	<input type="checkbox"/> Asian Pacific Islander	
<input type="checkbox"/> Corporation:		<input type="checkbox"/> Black	
C-Corp		<input type="checkbox"/> Hispanic American	
S-Corp		<input type="checkbox"/> Multi-Racial	
<input type="checkbox"/> Others		<input type="checkbox"/> Native American	
		<input type="checkbox"/> White	
		<input type="checkbox"/> Others	

To help us meet government reporting requirements, please check any box that applies to your business and include a copy of your Certificate with your paperwork submission.

- ☐ Certified Small Business (Certification #\_\_\_\_\_)
- ☐ Woman owned small business (Certification #\_\_\_\_\_)
- ☐ Small disadvantaged (Minority owned) (Certification #\_\_\_\_\_)
- ☐ Veteran owned small (Certification #\_\_\_\_\_)
- ☐ Service Disabled Veteran owned small (Certification #\_\_\_\_\_)
- ☐ HUBZone owned small (Certification #\_\_\_\_\_)
- ☐ None of the above

\*\*\*Please submit this and all other registration forms to [ap\\_us@pluscompany.com](mailto:ap_us@pluscompany.com)\*\*\*

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-			-		
or								
Employer identification number								
			-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



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**PART 2: PAYMENT INFORMATION** *[Attach copy of voided check or bank letter]*

**OBJECT: Enrollment for Automated Clearing House (ACH) payments**

Dear Sir or Madam,

In order to increase efficiency, we are pleased to offer you automated clearing house payments (ACH). These ACH payments will accompany a notification email that will detail your payment. If you would like to take advantage of this service and enroll, please sign this form to release authorization and forward a void cheque and email back to [ap@citizenrelations.com](mailto:ap@citizenrelations.com) & cc: [database@v7international.com](mailto:database@v7international.com). **If a void cheque is not possible, we will require a letter from your bank, which details complete banking information.**

Feel free to contact me for any further details.

Jennifer Shulman  
Team Lead Accounts Payable Production

\_\_\_\_\_ would like to receive automated clearing house payments.  
Company Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address For Payment Notification

☐ Void CK or letter from bank attached

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# INVOICE

Bill To:

Plus Company US Inc  
250 Hudson Street, 2nd Fl  
New York, NY 10013

Invoice Date: 00/00/0000

INVOICE #

THIS IS A SAMPLE INVOICE.  
All highlighted areas are required

Remit  
To

Name

## Street Address

City, ST ZIP Code

Phone

PO Number

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Date	Description	Qty	Line Total
Subtotal			
Total			

Make all checks payable to Company Name