



NEW SUPPLIER / REPLICATION / REACTIVATION VENDOR MAINTENANCE FORM

DSG Entity

Submitted By:

INSTRUCTIONS:

Form must be completed and signed by representative of the company receiving the funds. Please Type or Print Clearly. Mandatory fields are marked with *.

Supplier Name
Legal Supplier Name *
Legal Supplier Name in local language
Alternate Name
DUNS Number
Payment Terms
Dell Contact name:

Physical Address *
Payment Remittance Address
(If different than Physical Address) PT:Endereço remessa de pagamento

* US Suppliers only - Taxpayer ID
* All other countries - Tax Registration Number
Exemption Reason:

BANK Information - Please furnish banking for currency in which your company will invoice

* Company Name on Bank Account:
* Bank Name:
* Bank Address:
* Company Bank Acct #:
* Payment Currency:
Branch Code / Code Guichet /
Código de Entidad / Codice CAB
Bank Sort Code / Code Banque /
Código de Banco / Japan Bank Code
Roll Number
Account Type in Japan

If fund must pass through a US bank or intermediary bank to your account, provide the complete details regarding the intermediary bank:
Bank Name:
Bank ABA/Routing Number or Swift
Bank Address (complete)

Supplier Sales Contact *(required)
Supplier Finance Contact *(required)

Approval by Authorized Company (Dell) Representative
Signature
Print Name
Title
Date: