



Vendor Registration Form

Please send the completed form and following documents to: ap@msimarinolutions.com

1. Current IRS version of the W-9
2. Voided check with your company's name or letter from bank with account identification (must show bank routing/ABA # and account number)
3. Certification of diversity status (if applicable)
4. Certificate of Insurance
5. OSHA 300 Logs (if applicable) and EMR Letter

SECTION 1 – GENERAL VENDOR INFORMATION

1. Vendor Contact Information

Vendor Name _____ Tax ID Number _____
 Vendor Phone No. _____
 Financial Contact Person _____ Financial Contact Email _____
 Financial Contact Phone No. _____ Payment Notification Email _____

2. Vendor Address Information

Physical Street Address _____
 City _____ State/Region _____
 Zip Code _____ Country _____
 Remit To Street Address _____
 City _____ State/Region _____
 Zip Code _____ Country _____

3. Payment Method

- Check
 - Electronic ACH
- *If paying by ACH, please complete the Banking Information section below

Banking Information (please provide a voided check with your company's name or a letter from your bank)

Account Holder Name _____ Routing No. _____
 Bank Country _____ Account No. _____
 Bank Name _____ Bank Phone No. _____
 Bank Contact Name _____

4. Diversity Status (please provide proof of certification)

Diversity Indicator _____ Diversity Certification Date _____

5. General Details of Services/Goods

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SECTION 2 – INSURANCE AND SAFETY INFORMATION

FOR VENDORS WHO SUPPLY SUB-CONTRACT WORK OR PROFESSIONAL SERVICES, PLEASE COMPLETE SECTIONS 6 & 7

6. Vendor Insurance Information (Please provide your company's Certificate of Insurance)

Insured?	Yes	No	Bonded?	Yes	No
Licensed?	Yes	No	License No.	_____	

7. Vendor Safety Information (please provide OSHA 300 Logs (if applicable) and EMR Letter)

Does your company have a written Safety & Health Program?

Is your company exempt from maintaining OSHA 300 Logs?

Safety & Health Contact

Name	_____	Title	_____
Phone No.	_____	Email	_____

SECTION 3 - SIGNATURE

8. Submittal Information

Printed Name	_____	Title	_____
Signature	_____	Date	_____

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