



Participant Information Form

Please complete electronically and print.

Service Provider Business-to-Business (Buyer/Seller)

Company

Legal Name of Participant: _____

DBA: _____ Country: _____

Date Established: _____ Company Type: _____ Federal Tax ID: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Primary Contact

First Name: _____ MI: _____ Last Name: _____ SSN: _____

Title: _____ email: _____

Phone Number: _____ Fax Number: _____

EWR Holder Accounts

EWR, Inc. Holder ID: _____ IDI/ISS Holder ID: _____

Bank Setup

Please provide payment/wire instructions

Bank Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Email: _____

Account Number: _____ ABA Routing: _____

Please provide corresponding bank information if required by your bank.

Corresponding Bank Name: _____

Account Number: _____ ABA Routing: _____

Trade References

Please provide three references of trading partners

Contact: _____ Contact: _____ Contact: _____

Company: _____ Company: _____ Company: _____

Phone: _____ Phone: _____ Phone: _____

I attest that the information provided is true, complete and accurate. I also agree that I have read and understand the terms set forth in The Seam's Participation Agreement. Furthermore, I attest that I am authorized to sign this document on behalf of this participant.

Signature _____

Title _____

Printed Name _____

Date _____