



Participant Information Form

Please complete electronically and print.

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: _____

Title: _____ Email: _____

Phone Number: _____ Fax Number: _____

Bank Setup

Bank information is used to initiate payment request from buyers and payment routing to sellers.

Bank Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Email: _____

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 _____