**onsemi**

**Supplier Registration**

Instructions:

Step 1:

Please fill out this form entirely. The fields marked with an asterisk ( \* ) are required for submission.

Step 2:

Please review all forms listed on Page 6 of this document, or on our Supplier Services website at:

<http://www.onsemi.com/PowerSolutions/content.do?id=1174>

All suppliers are required to review, accept, and abide by the contents of these forms.

Step 3:

Please fill out the necessary forms listed on the bottom of Page 6 (W-9/W-8BEN).

Please contact an **onsemi**’s representative if you need assistance or have any questions.

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| **Supplier Registration Information** | | | | |
| **(Fill in those that apply to the Company)** | | | | |
| 1 Tax Identification #: |  | | Person ID #: |  |
| Social Security # (US Only Individual): |  | | 2 Value Added Tax (VAT) #: |  |
| 1United States based Companies MUST provide a list of their State Resellers Tax ID's if applicable  2Non US based Companies MUST provide a list of their Registration Number if applicable | | | | |
| **Supplier Information** | | | | |
| **(Address where Purchase Orders will be sent)** | | | | |
| Dunn & Bradstreet #: |  | | SIC Code: |  |
| \*Company Name: |  | | | |
| Abbreviated Name: |  | | | |
| \*Physical Address: |  | | | |
| \*City: |  | | \*State/Province: |  |
| \*Zip Code: |  | | \*Country: |  |
| \*Phone #(incl. Country,Area codes): |  | | Fax #: |  |
| Contact Name: |  | | | |
| \*Primary Email for PO Delivery: |  | | | |
| Additional Email(s) for PO Delivery (comma separated) |  | | | |
| **SUPPLIER REMITTANCE INFORMATION** | | | | |
| **(Required if Different than above - Remittance Address on Invoice)** | | | | |
| \*Remit Payment to Name: |  | | | |
| \*Remit Payment Address: |  | | | |
| \*City: |  | | \*State/Province: |  |
| \*Zip Code: |  | | \*Country: |  |
| \*Phone #(incl. Country,Area codes): |  | | Fax #: |  |
| Finance Contact Name: | |  | | |
| \*Email for Remittance Advice Delivery: | |  | | |
| **PARENT COMPANY INFORMATION** | | | | |
| Parent Company Name: |  | | | |
| Parent Company Address: |  | | | |
| **\*ORGANIZATION TYPE** | | | | |
| Corporation |  | | Corporation Established Date: | |
| Educational Institute |  | | Foreign Corporation |  |
| Foreign Government Agency |  | | Foreign Individual |  |
| Foreign Partnership |  | | Foreign Trust or Estate |  |
| Government Agency |  | | Individual |  |
| Non-Profit Organization |  | | Partnership |  |
| Trust or Estate |  | |  |  |
| **BUSINESS CLASSIFICATION TYPE** | | | | |
| **(Mandatory for US Suppliers)** | | | | |
| Minority Owned |  | | Veteran |  |
| Woman Owned |  | | Hub Zone Small Business |  |
| Small Business |  | | Other (Describe): | |
| Small Disadvantaged |  | |
| **\*SUPPLIER TYPE** | | | | |
| **(Select all that apply)** | | | | |
| Services  Health  Legal  Others |  | | Tangible Capital |  |
| Tangible Non-Capital |  |
| Distributor |  |
| Contractor |  |
| Manufacturer |  | |  | |

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| **ELECTRONIC FUNDS TRANSFER - BANKING INFORMATION** | | | | | | | |
| Authorization for Electronic Funds Transfer: | | | | | | | |
| You hereby authorize **onsemi** to initiate credit entries to the account listed below in connection with agree upon contractual terms entered into between our companies. You agree that such transaction will be governed by the Society of Worldwide Interbank Financial Telecommunications (SWIFT) or the National Automated Clearing House (ACH) Association rules. This authority is to remain in effect until **onsemi** has received written notification of termination in such time and in such manner as to afford a reasonable opportunity to act on the request. | | | | | | | |
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| IN NO EVENT SHALL **onsemi** BE LIABLE FOR ANY SPECIAL, INCIDENTAL, EXEMPLARY OR CONSEQUENTIAL DAMAGES AS A RESULT OF THE DELAY, OMISSION OR ERROR OF AN ELECTRONIC CREDIT ENTRY, EVEN IF **onsemi** HAS BEEN ADVISED OF THE POSSIBLITY OF SUCH DAMAGES. | | | | | | | |
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| \*Beneficiary Name: | | | |  | | | |
| Alternate Beneficiary Name: | | | |  | | | |
| \*Supplier Bank Account Number: | | | |  | | | |
| \*Supplier Bank Account Type: | | | | CHECK | | | |
| ORDINARY | | | |
| \*Currency of Account | | | |  | | | |
| \*Bank SWIFT Code (Required for Foreign/Cross Board Payments | | | |  | | | |
| \*Bank ABA Routing Code for ACH (Required for Local Payments): | | | |  | | | |
| \*Bank/Sort Code (Required for local payments): | | | |  | | | |
| Bank Branch Code (if applicable): | | | |  | | | |
| \*IBAN Code (Required for European Suppliers): | | | |  | | | |
| \*Bank Name: | | | |  | | | |
| Branch Name (if applicable): | | | |  | | | |
| \*Bank State/Province: | | | |  | | | |
| \*Bank City: | | | |  | | | |
| \*Bank Country: | | | |  | | | |
| Bank Phone # (include country and area code): | | | |  | | | |
|  | | | |  | | | |
| **VENDOR U.S. SALES TAX REGISTRATION (Mandatory for U.S. Suppliers)** | | | | | | | | | |
| **onsemi** requires all U.S. suppliers to provide information to identify jurisdictions where your company has registered for U.S. state and local sales tax. | | | | | | | | | |
|  | | | | | | | | | |
| Please enter an "X" in the box(s) below next to the State(s) your company is registered to collect and remit sales tax. This information will be used to ensure that we correctly pay your company any sales tax due. | | | | | | | | | |
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| Please contact the **onsemi** Tax Department at 602-244-6348 for any questions relating to this request. | | | | | | | | | |
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| AL |  | | LA |  | | | OH |  | |
| AR |  | | MA |  | | | OK |  | |
| AZ |  | | MD |  | | | PA |  | |
| CA |  | | ME |  | | | RI |  | |
| CO |  | | MI |  | | | SC |  | |
| CT |  | | MN |  | | | SD |  | |
| FL |  | | MO |  | | | TN |  | |
| GA |  | | MS |  | | | TX |  | |
| HI |  | | NC |  | | | UT |  | |
| IA |  | | ND |  | | | VT |  | |
| ID |  | | NE |  | | | VA |  | |
| IL |  | | NJ |  | | | WA |  | |
| IN |  | | NM |  | | | WI |  | |
| KS |  | | NV |  | | | WV |  | |
| KY |  | | NY |  | | | WY |  | |
| **onsemi - OFFICE USE ONLY** | | | | | | | | | |
| \*Operating Unit | |  | | | | \*Buyer Signature: | |  | |
| (If Operating Unit is 134, 140, 143, 151, 153, 158, 172, 173, 174, or 192 you must give the supplier the W9 IRS Form to be completed and signed by the Supplier) | | | | | | | | | |
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| Supplier Payment Information | | | | | | | | | |
| Net Terms: | |  | | | | Tax Code: | |  | |
| **Supplier Type** | | | | | | | | | |
| Goods Received at Dock | | | Services Performed ON-Site | | | | Services Performed Off Site | | |
| Contract Mfg (Purchase F/G) | | | Contract Mfg (Foundry) | | | | Contract Mfg (Assy/Test) | | |
| SMI Supplier | | | "Pay Only" Supplier | | | |  | | |
| **\*Requested Action (For "Change" action, must provide the Supplier code & site name)** | | | | | | | | | |
| Add: | | | | Change: | | | | | |
| **Supplier Information** | | | | | | | | | |
| Supplier Code: | |  | | Supplier Site: | | |  | | |

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| **SELF-BILLING POLICY** |
| It is **onsemi**'s standard practice to automatically set-up all suppliers on our Self-Billing Program. PLEASE READ THIS INFORMATION CAREFULLY so that you, as a Supplier to **onsemi**, will have an understanding of the Self-Billing Program and how it will relate to your shipments and the payments that will be transacted. |
| The Self-Billing Program is **onsemi**'s pay-from-receipt program that eliminates the need for supplier generated invoices as the basis of payment. Instead, payment is made based on delivered quantities and Purchase Order prices. The value of each shipment and applicable tax, is automatically calculated and payment terms will be net from the date product is received into our system. |
| **SELF-BILLING EXCEPTIONS** |
| All PO's that are issued for "Services" will require a supplier invoice. |
| **SUPPLIER RESPONSIBILITIES** |
| Assign a unique packing ticket number to each shipment and display it prominently on the packing ticket that accompanies each shipment. The packing ticket number will be the primary point of reference for all communications and will become the invoice number.  Include on the packing ticket: The complete **onsemi** Purchase Order number, the Purchase Order line number(s), the quantity shipped, and the unit of measure.  Contact an **onsemi** Supply Management Representative on issues relating to purchase order price or currency discrepancies prior to the shipment of goods.  Notify **onsemi**, in advance and in writing, of any changes to remittance information.  Please provide the old remittance information along with the new remittance information.  Communicate Self-Billing guidelines and procedures to your Credit and Accounts Receivable personnel. |
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| For any payment issues/questions, please reach out to AP contact that gets listed on the PO PDF or contact your buyer who can connect you to the appropriate AP group. |
| **onsemi RESPONSIBILITIES** |
| Supply Management (Purchasing)  Verify and ensure the accuracy of the part number, description, quantity, unit of measure, unit price, currency, and payment terms. This information will be the basis for the payment calculation. |
| Accounts Payable  Review supplier invoices for the first two weeks after start up to verify the accuracy of self-billing transactions.  Identify on the payment remittance advice each payment based upon self-billing receipts.  Issue debits or credits adjustments against the Supplier's account to correct payment discrepancies upon reviewing with Supply Management. |
| Receiving Department  Record accurate data in the receiving system to ensure correct payment is made to the supplier. Address packing ticket/PO discrepancies with the Supply Management department for quick action. |

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| **General** |
| **Suppliers are required to review, accept, and abide to the requirements contained in the** [**Supplier Reference Documents**](http://www.onsemi.com/PowerSolutions/content.do?id=1174) **by either:**   1. printing the name of the authorized representative below and sending the form through an email address that belongs to the supplier to **onsemi** representative (preferred) 2. physically signing the form and sending a scanned copy of the form to **onsemi** representative |
| Supplier reference documents include, but are not limited to, the following:   * [Supplier Handbook](http://www.onsemi.com/pub/Collateral/BRD8024S-D.PDF) - Supplier shall act in accordance with applicable provisions of the current version of **onsemi**’s Supplier Handbook. * [Responsible Business Alliance](http://www.responsiblebusiness.org/standards/code-of-conduct/) (formerly known as EICC Standards/Requirements) * [Data Protection Agreement (form must be executed in addition to supplier’s acknowledgement)](https://www.onsemi.com/site/Downloads/ONSemi%20-%20GDPR%20Terms%20DPA.docx) * [ON Standard Terms and Conditions](http://www.onsemi.com/site/Downloads/ON-Standard-Terms-Conditions.docx) - Unless otherwise agreed between **onsemi** and Supplier in a separate written agreement, **onsemi**’s purchases are governed by **onsemi**’s Purchase Order terms and conditions as of the time the Purchase Order is placed. * [**onsemi** Localized Terms and Conditions – Vietnam Region](https://www.onsemi.com/site/pdf/ON%20Semi%20TnC%20-%20VN.pdf) * [**onsemi** Localized Terms and Conditions – Korea Region](https://www.onsemi.com/site/pdf/ON%20Semi%20TnC%20-%20KR.pdf) * [**onsemi** Localized Terms and Conditions – China Region](https://www.onsemi.com/site/pdf/ON%20Semi%20TnC%20-%20CN.pdf) |
| Acknowledged by Supplier:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**Suppliers are required to fill out the required Internal Revenue Service (IRS) forms:**

**Form W-8** (Required for foreign, non-US based companies doing business with **onsemi** US entities. Respective W-8form should be completed based on your company entity type. See links below to IRS website for Forms and Instructions. **onsemi** cannot provide tax advice on which W-8 form to complete or how to complete Form W-8. Please consult your tax advisor as appropriate):

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| --- | --- |
| W-8BEN:  <https://www.irs.gov/pub/irs-pdf/fw8ben.pdf>  <https://www.irs.gov/pub/irs-pdf/iw8ben.pdf> | W-8BEN-E:  <https://www.irs.gov/pub/irs-pdf/fw8bene.pdf>  <https://www.irs.gov/pub/irs-pdf/iw8bene.pdf> |
| W-8ECI:  https://www.irs.gov/pub/irs-pdf/fw8eci.pdf  <https://www.irs.gov/pub/irs-pdf/iw8eci.pdf> | W-8EXP:  <https://www.irs.gov/pub/irs-pdf/fw8exp.pdf>  <https://www.irs.gov/pub/irs-pdf/iw8exp.pdf> |
| W-8IMY:  <https://www.irs.gov/pub/irs-pdf/fw8imy.pdf>  <https://www.irs.gov/pub/irs-pdf/iw8imy.pdf> |  |

**Form W-9** (Required for US based companies doing business with **onsemi** US entities. **onsemi** cannot provide tax advice on how to complete the Form W-9. Please consult your tax advisor as appropriate.):

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| <https://www.irs.gov/pub/irs-pdf/fw9.pdf> | <https://www.irs.gov/pub/irs-pdf/iw9.pdf> |