Submit

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CenterPoint Energy

# UPDATE VENDOR MASTER

CREATE CHANGE DELETE

To acquire a New Vendor Request for the headquarters location, complete an additional form for each branch. Email completed form to [Vendor.Master@CenterPointEnergy.com.](mailto:Vendor.Master@CenterPointEnergy.com) For questions, contact the Vendor Master hotline at (713) 207-7870.

**\*BOLD"** denotes a required field for a new vendor request. **Bold** denotes a field required for any non-PO vendor maintenance.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **THIS TOP SECTION FOR CENTERPOINT ENERGY USE ONLY** | | | | | | |
| IF CHANGE/DELETE/REACTIVATE, CURRENT VENDOR NUMBER | | **\*VENDOR NAME\*** (from W-9) limit 40 characters | | | | OLD VENDOR NAME (for name change) limit 40 characters |
| **\*REQUESTED BY\*** limit 52 characters | | VENDOR DBA limit 40 characters | | | | OLD VENDOR DBA (for DBA change) limit 40 characters |
| REQUESTOR PHONE | DATE | | | MANAGER'S NAME (for non-PO vendors) | | |
| MANAGER'S SIGNATURE (or copy manager when emailing request to Vendor Master) | | | | | | |
| **\*COMPANY CODE\*** | | | PURCHASING ORGANIZATION  2 lines maximum | | **\*INVOICE/APPR IN WORKFLOW?\***  NO YES, PROVIDE SAP DOCUMENT NUMBER (17xxxxxxxx) | |
| Company: Creating a new vendor in one of the following extends the vendor to the other eight: 0002, 0003, 0024, 0027, 0036, 0062, 0072, 0077, 0082 | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PHYSICAL ADDRESS DATA** | | | |
| **\*PHYSCIAL STREET ADDRESS\*** | | | **\*CITY\*** |
| **\*REGION (State)\*** | **\*POSTAL CODE\*** | **\*COUNTRY\*** | |

|  |  |
| --- | --- |
| **CONTROL DATA** | |
| **\*TAX IDENTIFICATION NUMBER (attach W-9 or complete page 4)\*** | DUNS NUMBER (See *D&B DUNS* number on page 1 for more information) |

|  |  |  |  |
| --- | --- | --- | --- |
| **VENDOR CONTACT INFOMATION** | | | |
| **\*TELEPHONE NUMBER (1)\*** | EXT | TELEPHONE NUMBER (2) | EXT |
| **\*FINANCIAL CONTACT PERSON (e.g., Treasurer, A/R Manager)\*** | | **\*FAX OR EMAIL FOR PAYMENT NOTIFICATION\*** | |
| **\*FINANCIAL CONTACT PHONE\*** | EXT | FINANCIAL CONTACT EMAIL (for notifying vendor of data changes) | |

**See *Banking information* on page 1 for more information.**

**\*PAYMENT METHOD\***

ELECTRONIC ACH (preferable) WIRE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BANKING INFORMATION** | | | | |
| **\*BANK COUNTRY\*** | **\*ROUTING NUMBER\*** | **\*ACCOUNT NUMBER\*** | **\*ACCOUNT HOLDER NAME\*** | |
| **\*BANK NAME\*** | | **\*BANK CONTACT NAME\*** | | **\*BANK CONTACT PHONE\*** |

3 lines maximum

**ADDITIONAL COMMENTS**

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**PURCHASING INFORMATION**

Complete this page only if you are a CenterPoint Energy Purchasing employee.

**ACCOUNT GROUP**

ZPUR (Domestic)

MNFR (Manufacturer) ZFOR (Foreign)

|  |  |  |  |
| --- | --- | --- | --- |
| **ORDERING ADDRESS (OA)** | | | |
| STREET ADDRESS OR P.O. BOX | | | CITY |
| REGION (State) | POSTAL CODE | COUNTRY | |

|  |  |  |  |
| --- | --- | --- | --- |
| **REMIT-TO-ADDRESS (PI)** | | | |
| STREET ADDRESS OR P.O. BOX | | | CITY |
| REGION (State) | POSTAL CODE | COUNTRY | |

|  |  |
| --- | --- |
| **MINORITY STATUS** | |
| MINORITY INDICATOR | MINORITY CERTIFICATION DATE |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PURCHASING DATA** | | | | |
| ORDER CURRENCY | TERMS OF PAYMENT | | | INCOTERMS |
| SALESPERSON | | TELEPHONE | EMAIL | |
| GR-BASED INVOICE VERIFICATION AUTOMATIC EVALUATED OR SETTLEMENT DEL. AUTOMATIC EVALUATED GR SETTLEMENT RET. ACKNOWLEDGEMENT REQUIRED  Attach Automated Invoice Submittal Agreement as applicable. | | | | |

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|  |  |  |
| --- | --- | --- |
| Social security number | | |
|  |  |  |

|  |  |
| --- | --- |
| Employer identification number | |
|  |  |

If you are requesting a new vendor, complete this W-9 or attach a W-9 to your request. Detailed instructions are available at [www.irs.gov.](http://www.irs.gov/)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Substitute for IRS form  **W-9** | **CenterPoint Energy Request for Taxpayer**  **Identification Number and Certification** | | | | | | **Give form to the requester. Do not send to the IRS.** |
| Name (as shown on your income tax return) | | | | | | | |
| Business name, if different from above | | | | | | | |
| Check the appropriate box:  Individual/Sole proprietor Corporation Partnership  Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) Other (see instructions) | | | | | | Exempt payee | |
| Address (number, street, and apt. or suite no.) | | | | | | Requester's name and address (optional) 3 lines max. | |
| City, state, and ZIP code | | | | | |
| List account number(s) here (optional) | | | | | | | |
| **Taxpayer Identification Number (TIN)** | | | | | |  | |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part L instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.  **Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose **Employer identification number** to enter. | | | | | | | |
| **CERTIFICATION INSTRUCTIONS -** You must cross out item 2 below if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting of interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. | | | | | | | |
| **SECTION II - CERTIFICATION**  Under penalties of perjury, I certify that:   1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien).   **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.** | | | | | | | |
| Signature of U.S. person | | | | Date | | | |
| Name | | Title | Telephone number | | Fax number | | |