

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_Master3@CenterPointEnergy.com.

BOLD denotes a required field for a new vendor request. *Italicized* denotes a field required for vendors already in SAP.

THIS TOP SECTION FOR CENTERPOINT ENERGY USE ONLY		
IF CHANGE/DELETE/REACTIVATE, CURRENT VENDOR NUMBER	*VENDOR NAME* (from W-9)	OLD VENDOR NAME (for name change)
REQUESTED BY (CenterPoint employee name)	VENDOR DBA	*CONFLICT OF INTEREST AGREEMENT* (please check) <input type="checkbox"/> I acknowledge that there are no potential conflicts of interest as set forth by CenterPoint Energy's Ethics and Compliance Code. If any potential conflicts of interest exist, I acknowledge my management has approved and the Chief Ethics and Compliance Officer has reviewed.
REQUESTOR PHONE	DATE	MANAGER'S NAME (for non-PO vendors)
MANAGER'S SIGNATURE (or copy manager when emailing request to Vendor Master)		
COMPANY CODE(s)		PURCHASING ORGANIZATION(s)
Company: Creating a new vendor in one of the following extends the vendor to the others: 0002, 0003, 0016, 0072, 0082, 0510, 0515, 0550, 0599		
PHYSICAL ADDRESS DATA - If remit address is different, complete REMIT-To-ADDRESS section on page 4		
PHYSICAL STREET ADDRESS		*CITY*
REGION (State)	*POSTAL CODE*	*COUNTRY*

CONTROL DATA	
TAX IDENTIFICATION NUMBER (attach W-9 or complete page 5)	DUNS NUMBER (See D&B DUNS number on page 2 for more information)

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

PAYMENT METHOD	
See <i>Banking information</i> on page 2 for more information.	
<input type="checkbox"/> ELECTRONIC ACH (preferable - requires completion of all BANKING INFORMATION)	<input type="checkbox"/> WIRE <input type="checkbox"/> CHECK <input type="checkbox"/> VIRTUAL CARD

BANKING INFORMATION		
BANK COUNTRY	ROUTING NUMBER	ACCOUNT NUMBER
ACCOUNT HOLDER NAME	BANK NAME	
In order to avoid phishing-related fraud, I certify that I have verbally confirmed and verified any account related changes with a known and trusted vendor representative. <input type="checkbox"/> (acknowledgment required for bank change)		

ADDITIONAL COMMENTS

PURCHASING INFORMATION

ACCOUNT GROUP			
<input type="checkbox"/> ZPUR (Domestic) <input type="checkbox"/> ZHRS (HR/Payroll) <input type="checkbox"/> MNFR (Manufacturer) <input type="checkbox"/> ZFOR (Foreign)			

ORDERING ADDRESS (OA) - complete if this address is required to be listed on the purchase order/contract		
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 (default is Net 45)	INCOTERMS
SALESPERSON	TELEPHONE	EMAIL

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.

Substitute for IRS form <b style="font-size: 2em;">W-9	<b style="font-size: 1.2em;">CenterPoint Energy <b style="font-size: 1.2em;">Request for Taxpayer <b style="font-size: 1.2em;">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:			<input type="checkbox"/> Exempt payee
<input type="checkbox"/> Individual/Sole proprietor			
<input type="checkbox"/> Corporation			
<input type="checkbox"/> Partnership			
<input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) _____.			Requesters name and address (optional)
<input type="checkbox"/> Other (see instructions)			
Address (number, street, and apt. or suite no.)			
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.			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Social security number </div> <div style="border: 1px solid black; padding: 2px;"> Employer identification number </div> </div> <div style="width: 35%;"></div> </div>			
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