

NORDSTROM ACH PAYMENT SETUP FORM

Select one: New _____ Discontinue _____

Type of account: **CHECKING ACCOUNT ONLY**

Company Name (Remit To Name)	
Remit To (Payment) Address	
Remit To (Payment) City, State, Zip Code	
Tax ID Number	
Contact Name	
Contact Phone Number	
Contact Email Address	
To setup Email Remit, please provide a preferred email address. Only one address can be setup.	

NOTE: If you have multiple remit to/payment to sites, please complete this form for each site

By completing and signing this form you authorize Nordstrom to make payments to the bank account listed below. Prior to receiving your first ACH payment, we will perform a pre-note test to your bank account to confirm the information you provide is correct. The test will be transparent to you, however, please allow up to 3 weeks for testing to complete. You may be contacted to verify your bank account information should the pre-note test reject. Checks will continue to be issued during the testing period. Invoices received and payable after the pre-note testing period will then be paid via ACH.

In the event you should update your bank information, ACH payments will cease and you will revert back to check payments. Notice of change of your banking information must be given at least 5 business days in advance to avoid delay of payments to you. Completion of our ACH Payment Change Form with your new banking information and successful pre-note testing will then be required before ACH payments can be reinstated. Set up of the new bank account and pre-note testing can take up to 3 weeks to complete.

Financial Institution Name (must be in the U.S.A)	
Bank Account Name	
Bank Account Number	
Bank ABA Routing No (9 digits)	

IMPORTANT: ACHs are processed on Tuesdays with a payment disbursement date for the following Monday (6 day float neutral) excluding bank holidays. Payment terms are still calculated based on Receipt of Goods (ROG) date as per the PO Terms & Conditions. By completing and signing this form, you agree to these terms. **Authorized signatory to sign below.**

Completed by		Date	
Signature		Title	
Email address		Phone	

OPTIONAL - EDI 820 PAYMENT REMITTANCE SETUP

To establish EDI 820, Nordstrom requires full implementation of all standard documents including but not limited to 850 PO, 810 Invoice, 856 ASN, and 832 UPC with GXS, our third party enabler. Payment remittance detail will be sent under the EDI ID of 01/007942915, which is the same ID used to transmit 850 PO and 810 Invoice. We can help initiate implementation of 820 through two options; provide you a sample file for setup or you can test the 820 document with GXS. Nordstrom Merch Info Compliance can assist with either option. If you have not setup an EDI with Nordstrom, please work with Nordstrom Merch Info Compliance to review your implementation options. They can be reached at micompliance@nordstrom.com or at 1.877.444.1313, option 2.

If you wish not to activate EDI 820 at this time, initial here _____

If you wish to activate EDI 820 to your existing EDI ID for 850 PO transmissions, initial here _____

Vendor or Factor Pay-to Name	
Vendor or Factor Pay-to Number	
Vendor or Factor Email Address	
EDI Qualifier	
EDI ID	
VAN Name	

Complete, sign, and email to:	vendor.desk@nordstrom.com
Or complete, sign, and mail to:	Nordstrom AP Vendor Desk PO Box 870, Seattle, WA 98111-0870
Or complete, sign, and fax to:	206-233-6331
Questions? email us at vendor.desk@nordstrom.com or call the Nordstrom Vendor Desk hotline @ 206-233-6330	

Nordstrom, Inc. | PO Box 870 | Seattle, WA 98111

Payers Request for Taxpayer ID Number (substitute W-9)

A. Name _____

A1. Business Name _____

****for Sole Proprietors, please provide individual name**

Phone Number () _____

Address _____

City, State, Zip _____

Email _____ **Website** _____

B. Please check:

_____ Individual/Sole Proprietor

_____ Partnership

_____ Corporation

_____ Limited Liability Company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership): _____

_____ Other (Trust, Estate, Church, Government Agency, Non-profit/Exempt Organization, etc.)

C. Business Ownership (please check one, for informational use only)

A minority-owned business is a for-profit enterprise, regardless of size, physically located in the United States or its trust territories, which is owned, operated and controlled by minority group members. "Minority group members" are United States citizens who are Asian, Black, Hispanic and Native American. Ownership by minority individuals means the business is at least 51% owned by such individuals or, in the case of a publicly-owned business, at least 51% of the stock is owned by one or more such individuals. Further, the management and daily operations are controlled by those minority group members.

If you need assistance completing the business ownership and certification portion, contact our Supplier Diversity Division at 206.373.4382 or 206.373.4383

_____ 01-Non-Minority Male Owned

_____ 02-Native American Male Owned

_____ 03-African American Male Owned

_____ 04-Asian Male Owned

_____ 05-Hispanic Male Owned

_____ 06-Non-Minority Women Owned

_____ 07-Native American Women Owned

_____ 08-African American Women Owned

_____ 09-Asian Women Owned

_____ 10-Hispanic Women Owned

_____ 11-Publicly Owned

D. Payment Method - Please indicate your preferred payment method. Only check one.

_____ ACH

_____ Check

E. TAX Identification Number

Social Security Number-for INDIVIDUALS & SOLE PROPRIETORS
your Tax ID number is your social security number.

_____-_____-_____

Federal Identification Number-for ENTITIES other than individuals or sole proprietors.

_____-_____-_____

F. Type of Work Performed

_____ Services Legal/ Attorney Description: _____

_____ Services _____

_____ Rent _____

_____ Other _____

**SIC Code/NAICS
(North American Industry
Classification System)** _____

G. Certification (form must be signed by the supplier):

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 Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person

Signature: _____

Date: _____

Print Name: _____

Title: _____