

Nordstrom Accounts Payable Department / Vendor Set-Up Form

GENERAL INFORMATION

Vendor Number:

COMPANY LEGAL NAME (PAY-TO)	DBA (doing business as)
	Division Name

TAX IDENTIFICATION #	DEPARTMENT#	MERCHANDISE TYPE <input type="checkbox"/> Accessories <input type="checkbox"/> Gifts/Food <input type="checkbox"/> Jewelry <input type="checkbox"/> Cosmetics	Apparel and/or Shoes: (please circle one or both) <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Children
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BUSINESS OWNERSHIP (please check one, for informational use only)

<input type="checkbox"/> 01 - Non-Minority Male	<input type="checkbox"/> 04 - Asian Male	<input type="checkbox"/> 06 - Non-Minority Women	<input type="checkbox"/> 09 - Asian Women	<input type="checkbox"/> 11 - Publicly-Owned
<input type="checkbox"/> 02 - Native American Male	<input type="checkbox"/> 05 - Hispanic Male	<input type="checkbox"/> 07 - Native American Women	<input type="checkbox"/> 10 - Hispanic Women	
<input type="checkbox"/> 03 - African American Male		<input type="checkbox"/> 08 - African American Women		

LABELS, BRANDS, OR TRADEMARK (You Own) If you have additional labels, please send an attachment.

Label, Brand or Trademark:	Licensed From (Company Name):	Licensed To (Company Name):
1	1	1
2	2	2

TYPE OF BUSINESS Proprietorship Partnership Corporation **STATE and YEAR ESTABLISHED**

EVER FILE BANKRUPTCY? YES NO **If yes, under what name and when?**

NAMES AND TITLES OF OFFICERS, PARTNERS, OR PROPRIETOR

1.	3.
2.	4.

ADDRESS INFORMATION

REMIT ADDRESS (not your factor's address)		CITY, STATE, ZIP	
CONTACT NAME	TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
CORRESPONDENCE ADDRESS		CITY, STATE, ZIP	
CONTACT NAME	TELEPHONE NUMBER	FAX NUMBER	

FINANCIAL INFORMATION

Are your invoices factored? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, FACTOR NAME AND ADDRESS
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Standard Terms
Do you have Insurance Coverage to fulfill the Terms and Conditions of the Nordstrom's Purchase Order?
 YES (Ask your insurance agent to e-mail a Certificate of Liability Insurance for \$1,000,000 product liability coverage with Nordstrom, Inc. 1700 7th Ave Ste 1000, Seattle, WA 98101 and its subsidiaries and affiliates named Additional Insured per Vendor's Endorsement CG2015 to dave.stucky@nordstrom.com)
 NO (Your Purchase Order requires you to defend and indemnify Nordstrom in the event of a claim arising out of your product. Most of our vendors carry product liability insurance to protect themselves from the financial burden of potential claims. If you sell children's products, food, or cosmetics to Nordstrom, evidence of coverage is required. If you have further questions or concerns, contact Dave Stucky at dave.stucky@nordstrom.com, or call (206) 303-2692.

Vendor acknowledges, by engaging in business with Nordstrom, that it agrees to be bound by the Nordstrom Partnership Guidelines and the standard TERMS AND CONDITIONS OF PURCHASE ORDER contained in this New Vendor Packet and the Nordstrom Supplier Compliance Manual, as amended, set forth at www.nordstromsupplier.com.

PREPARER'S NAME (please print)	TELEPHONE NUMBER	TITLE
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NO PAYMENT WILL BE MADE UNTIL THIS NEW VENDOR SETUP FORM IS COMPLETED FULLY AND RETURNED TO ACCOUNTS PAYABLE. IF YOU HAVE ANY QUESTION REGARDING THIS FORM, PLEASE CONTACT US VIA EMAIL AT vendor.desk@nordstrom.com OR Call the Vendor Desk @ 206-233-6330/FAX 206-233-6331

NORDSTROM PARENT/SUBSIDIARY FORM

Does your company have a Parent or Subsidiary?

DEFINITIONS:
Parent: A parent is an entity that owns more than 50 percent of another entity. The parent company may also be subsidiary of another entity.
Subsidiary: A subsidiary is an entity that is more than 50 percent owned by another entity and will have a different legal name from its parent company.

COMPANY LEGAL NAME (PAY TO)			
PARENT INFORMATION			
COMPANY NAME		DUN & BRADSTREET #	
STREET ADDRESS 1			
STREET ADDRESS 2		CITY	STATE ZIP CODE
SUBSIDIARY INFORMATION			
COMPANY NAME		DUN & BRADSTREET #	
STREET ADDRESS 1			
STREET ADDRESS 2		CITY	STATE ZIP CODE