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| **To Be Completed By Requestor – Internal use only**  **Submit to** [**AP.Newsuppliers@hologic.com**](mailto:AP.Newsuppliers@hologic.com) | |
| **Section 1: Header** | |
| **Requestor Name:** Jennifer Diaz      **Phone:** 508-263-2900      **Title:** Sr.Manager Creative Services  **Email:** jennifer.diaz@hologic.com    **Request** **Date:** 2.3.21    **Need By Date:** 2.9.21 | |
| **New Supplier**   **One Time Supplier: (Inactivated in 90 days):**  **Supplier Update**  **Reason for Update:**       **Oracle Supplier #:**  **Effective Date:** | |
| **Supplier Name:**    BCW | |
| **Hologic Site:**   Costa Rica  Danbury  Londonderry  Marlborough-Campus  Marlborough-Simarano  Methuen  Newark  San Diego  Santa Clara  Sunnyvale - Elko  Westford  Tucson  Concord  Other: | |
| **Hologic Division:**   GSS  BS&H  Diagnostics  Corporate  IS  Other: | |
| **Section 2: Identifying Information** | |
| **Supplier Category: Service Supplier**  **Expected annual spend:** 500,000 | Description of products/services to be purchased:Public Relations and Communication Functions **What is the Intended Use of the Product/Service to be purchased?**  **Hologic messaging and communications** |
| **Sunshine Law: None Apply**  NPI (National Practitioner Identifier): | Required: One of the following tax forms must be completed by the supplier and sent to: AP.Newsuppliers@hologic.com:  * W-9 (US individual or entities) * W-8BEN (foreign individuals) * W-8BEN-E (foreign entities)   **ACH/Banking Form attached** |
| **Will the supplier be providing software or IT hardware for any internal Hologic use (not for resale)?**  No  Yes\*  **Will the supplier receive sensitive company/privacy information?**  No  Yes\*  \*All new suppliers will have this form routed to IS for approval if either question is answered “Yes”. |
| **Supplier’s Address:**  Street: 200 Fifth Avenue  City: New York  State: NY  Postal Code: 10010  Country:USA | **Supplier’s Remit To Address (if Applicable):**  Street:  City:  State:  Postal Code:  Country: |
| **Supplier Contact:**  Name: Larry Koffler  E-mail: Larry.Koffler@bcw-global.com>  Telephone: 212-601-3000  Fax: | **Alternate Supplier Contact (if Applicable):**  Name:  E-mail:  Telephone:  Fax: |

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| **Section 3: Payment Term Guidelines & Selection** |
| **Will the supplier provide goods and services that are directly incorporated into a product being manufactured or sold\*?**  Yes, the supplier is a Direct Supplier  No, the supplier is an Indirect Supplier  Other (see below) |

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| **Spend/Supplier Type:** | **Direct Product/Service Providers** | **Indirect Product/Service Providers** | **Other Categories** | **Hologic Approved exceptions** |
| Description | Goods and services that are directly incorporated into a product being manufactured or sold | Goods and services not directly incorporated into a product being manufactured or sold | Other | Goods and services purchased with non-negotiable terms |
| Examples | * Product * Fabrication * Material * Assembly * Direct Services * MRO/Lab Supplies * product labels/printing * capital equipment | * Professional Services * Sales & Marketing * HR Services * Facilities * IT Software/Services/ Hardware | * Net 45 - Temp Labor, Individual Contractor & Clinical Trials * Net 30 - Transportation & Logistics | * Rent * Taxes * Utilities * Debt payments * Royalties * Employee benefits * Employee reimbursements * Payroll * Legal Settlements * Rebates & AR Refunds |
| **Term Options (select one):** | 1. 2% 15 Net 30 2. 1% 15 Net 30 3. Net 45 4. Other \*   \*May require Approval | 1. 2% 15 Net 45 2. 1% 15 Net 45 3. Net 60 4. Other \*   \*May require Approval | Net 45 - Temp Labor, Individual Contractor & Clinical Trials  Net 30 - Transportation & Logistics | Approved Exceptions |

**Explanation for any term deviation requests (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\*Requesting terms that do not meet/exceed the Standard Payment Terms will result in this form being routed to an authorized Supply Chain leader for approval.**