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| **To Be Completed By Requestor – Internal use only****Submit to** **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 [x]  Marlborough-Campus [ ]  Marlborough-Simarano [ ]  Methuen [ ]  Newark [ ]  San Diego [ ]  Santa Clara [ ]  Sunnyvale - Elko [ ]  Westford [ ]  Tucson [ ]  Concord [ ]  Other:       |
| **Hologic Division:**  [ ]  GSS [ ]  BS&H [ ]  Diagnostics [x]  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) [x]
* W-8BEN (foreign individuals) [ ]
* W-8BEN-E (foreign entities) [ ]

**ACH/Banking Form attached** [x]  |
| **Will the supplier be providing software or IT hardware for any internal Hologic use (not for resale)?**[x] No [ ]  Yes\***Will the supplier receive sensitive company/privacy information?** [x]  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 AvenueCity: New York State: NYPostal Code: 10010Country:USA | **Supplier’s Remit To Address (if Applicable):** Street:      City:       State:      Postal Code:      Country:      |
| **Supplier Contact:**Name: Larry KofflerE-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. [x]  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.**