**Intended for suppliers doing business with Lilly Canada or Elanco Canada Limited only.**

**Requirements – must be completed by supplier.** Type or print clearly in English**. Items indicated with (\*) are mandatory.**

**New suppliers**: submit to your business contact

**Change requests to existing Supplier** **information:** e-mail to[**P2P\_Answer\_Center@Lilly.com.**](https://collab.lilly.com/sites/DMS/ProdP2P/P2P_Answer_Center%40Lilly.com.)

**Accounts Payable Privacy Statement can be accessed at** <https://www.lilly.com/suppliers/new-and-existing-suppliers/accounts-payable/supplier-setup-and-change-requirements>

**\*\*\*NOTE: When filling out this form, use the *TAB* key to move the cursor to the next field. After you have completed this form, be sure to print and sign.\*\*\***

#### 1. Supplier Information

|  |
| --- |
| **\*Supplier / Payee Legal Name:** |
| **\*Remit Address:**  |
| **\*City:**  | **\*Province/State:**  |
| **\*Postal Code:**  | **\*Country:**  |
| **\*Phone:**  | **Fax:**  |
| **\*Email:**  |
| **Tax Registration Numbers: HST/GST:** | **QST:** |

**2. Account Representative or Primary Business Contact Information (primary point person responsible for Lilly business)**

|  |  |
| --- | --- |
| **\* Contact Name:**       | **\*Contact Telephone Number:**       |
| **\*Contact E-Mail:**  |

**\*3 Industry Key Code (Primary Business of the Supplier): Click here to display list🡺** Choose an item.

**4. Accounts Receivable Contact Information *(Ensure the A/R Contact receives page of this document.)***

|  |  |
| --- | --- |
| **\* A/R Contact Name:**       | **\*A/R Phone:**       |
| (Person submitting invoices) |
| **\*A/R E-mail (group email address preferred):**       |
| (Email address for electronic payment remittance advices) |

**\*5. Payment Method** Lilly’s preferred method of payment is electronic. Select the cheque option only if electronic payment authorization information required cannot be provided. **Standard Payment Terms are net 60 days unless otherwise stated in negotiated contract.**

|  |  |
| --- | --- |
| **Electronic Payment (preferred)**  **[ ]**  | Complete the Electronic Payment Authorization section 6. Payments to a Canadian bank account will be paid via ACH all others will be paid via wire transfer. Payment remittance information can be accessed via eConnect. |
| **Cheque [ ]**  | Suppliers located in Canada must transact with Lilly in CAD and will receive a CAD cheque.Suppliers located outside of Canada will only have the option to receive a USD cheque. If this is not acceptable and payment in another currency is required, then you must select Electronic Payment. All cheques will be mailed via standard post; they will NOT be mailed overnight. |

|  |  |
| --- | --- |
| **Supplier/ Payee Legal Name:**  | **Tax Registration #:**  |

**6. Electronic Payment Authorization**

* Bank account currency must match the currency requested.
* Currency to be used for purchase orders or contracts, invoicing, and payment must be the same currency.
* Lilly requires payment be made to a bank in the same country as the supplier is located.
* Lilly cannot facilitate payments to one bank for further credit to another bank. Wire payments must be made directly to the final bank.

\*(Check one) **→** **[ ]**  NEW **[ ]**  CHANGE **[ ]**  CANCEL

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOTE*:* Suppliers may attach a voided cheque instead of completing the information in this box.**

|  |
| --- |
| **\*Currency:** **\*Institution Number (3 digits):**  |
| **\*Bank Name:**  |
| **\*Bank Address:**  |
| (Include Street Address, City, State / Region, Postal Code, and Country) |
| **\*Branch/Routing/Transit Number (5 digits):**  |
| **\* Account Number:**  |
| Non-Canadian Supplier please provide the following in addition to above as applicable: |
| **\*ABA/Routing # (U.S. only):**  |
|  | **SWIFT:**  | **IBAN #:**  |

|  |  |
| --- | --- |
| **CLABE:**  | **CNAPS**:       |
| (Mexico requires) | (China requires) |

|  |  |
| --- | --- |
| **ZENGIN**:       | **Account Type:**  |
| (Japan requires) |  |

|  |  |  |
| --- | --- | --- |
| **Bank Code:**  | **Bank Branch:**  | **Sort Code:**  |

  |

I certify that the information above is true and correct and that I am an authorized representative for the above-named supplier. The above-named supplier hereby (a) authorizes Eli Lilly and Company and its affiliates (Lilly) to electronically deposit payments to the designated bank account, (b) agrees to promptly remit to Lilly any payments made in error and (c) agrees that Lilly shall retain its rights **under the applicable Purchase Order(s), Agreement(s), or applicable law. This authority remains in full force and effect until 30 days** after Lilly receives written notification to e-mail P2P\_Answer\_Center@Lilly.com or via fax at (317) 277-6932 requesting a change or cancellation.

\*Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accounts Receivable Reference Information – Do Not Return This Page**

**eConnect –Invoice and Payment Inquiries**

**eConnect Web Invoicing**

Effective January 1, 2018 if you have a Purchase Order with Lilly Canada or Elanco Canada Limited, on-line invoicing is required via our web-invoicing tool eConnect. This provides great benefits to our suppliers: 1) Purchase Orders are received immediately on-line; 2) invoices cannot get lost in the mail; and 3) payment terms begin immediately once the invoice has been submitted on-line and 4) supplier has 24/7 visibility to the status of all POs, invoices, payments and payment remittance details.

When your supplier account is set up in eConnect, the A/R Contact email provided on page 1 will receive a message from the eConnect support team <[support@directcommerce.com](https://collab.lilly.com/sites/DMS/ProdP2P/support%40directcommerce.com)>. This message will include a Quick Start Guide and your user login and temporary password. **YOU MUST TAKE ACTION** when you receive the e-mail to complete your registration and set-up Customer Service individuals to receive Purchase Orders and Accounts Receivable individuals to submit invoices and receive payment notifications and remittance details.

Under rare circumstances for low volume suppliers, we may consider allowing you to submit paper PO invoices via the mail. If you would like to request an exception to our on-line invoicing requirement, please send your request with your reason to [P2P\_Answer\_Center@lilly.com](https://collab.lilly.com/sites/DMS/ProdP2P/P2P_Answer_Center%40lilly.com). Please note that your payment terms begin when we RECEIVE your invoice. Submitting paper invoices will delay your payment by the number of days your invoices are in-transit.

**Invoicing Requirements can be accessed at:**http://supplierportal.lilly.com/Pages/Invoicing-Requirements.aspx

**Payments:** Lilly initiates payments once per week. Early payment options are available at time of invoice submission via the web. If you select an early payment option, you will be paid daily on your due date. Remittance advices will be available via eConnect inquiry capabilities.