**Requirements – Type or print clearly in English and submit the following:**

1. Supplier Information Form (SIF) pgs. 1-5. **Signature** & items indicated with (\*) are **mandatory**.
2. Appropriate tax form: W-9,W-8 or 8233 (links available on pg. 6).
3. Suppliers doing business with Lilly Del Caribe, Inc or Eli Lilly Export S.A. (PRSA): Waiver Certificate Withholding Exception document and/or Certificado de Registro de Comerciante
4. **New/Inactive Suppliers:** Email all requirements to your Lilly contact.
5. **Existing Suppliers (for supplier information changes):** E-mail all requirements to [**P2P\_Answer\_Center@Lilly.com**](https://collab.lilly.com/sites/DMS/ProdP2P/P2P_Answer_Center@Lilly.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.\*\*\*

#### Supplier Information

**\*Supplier / Payee Legal Name:**       **Supplier / Payee Tax ID#:**

**\*Phone:**       **\*Fax:**

**Email:**       **Dun & Bradstreet (Duns)#:**

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

**\* Contact Name:**       **\*Contact Telephone Number:**

\***Contact Email:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of products sold to Eli Lilly and Company? | Goods | Services | Both | Rent |
| Briefly describe the products sold: | | | | |

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

**Accounts Receivable Contact Information *(ensure the A/R Contact receives Page 5 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 advices)

**\*Payment Method / Mailing of Clinical Grant Case Report Form Selection** Lilly’s preferred method of payment is electronic. Select “U.S. Dollar Check” only if electronic payment authorization information required cannot be provided. ***Note****: If you are located in the following countries, then payment* ***must*** *be made by electronic / wire payment:* ***India****,* ***China****,* ***Russia****,* ***Israel****, or* ***South Africa****.*

|  |  |
| --- | --- |
| **Electronic Payment** | Complete the Electronic Payment Authorization below. U. S. Payees will be paid via ACH and Non-U.S. Payees will be paid via wire transfer. Payment in non-U.S. dollars must be made via wire transfer. Payment remittance advices will be emailed to the Accounts Receivable email address. |
| **U.S. Dollar Check** | U.S. Dollar checks will be mailed via first class U.S. Mail or air mail to the address provided on your tax form, unless you provide an alternate mailing address on Page 2 of this form.  Checks will NOT be mailed overnight. |
| **U.S. Dollar Check / Clinical Grant Case Report Form Mailing Address** | \*Complete the following fields if you wish the check and/or Clinical Grant Case Report Form to be sent to a different remit to address than the one provided on your tax form:  **Payment in Care Of:**  **Address:**       **City:**       **State/Region:**       **Postal Code:**       **Country:**       **Remit to Phone:** |

**Supplier / Payee Legal Name: Tax ID#:**

**Electronic Payment Authorization**

* Lilly will pay in any currency requested; however, bank account currency must match the currency requested.
* Currency to be used for purchase orders or contracts, invoicing, and payment must all 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. See Page 6 for details.

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

|  |
| --- |
| ***NOTE: US and Canada suppliers may attach a voided cheque instead of completing the information in this box.***  **\*Name of Bank:**  **\*Bank Address:**  (Include Street Address, City, State / Region, Postal Code, and Country)  **\*Bank Account #:**  U.S. Payees (all payments will be made via ACH in U.S. Dollars to U.S. checking accounts)  **\*ABA/Routing # (U.S. only):**  Non-U.S. Payees (all payments will be made via wire transfer)  **\*Currency:**       **\*SWIFT:**       **IBAN #:**        **Transit #:**       **CLABE:**       **CNAPS**:  (Canada requires) (Mexico requires) (China requires)  **ZENGIN**:       **Account Type:**  (Japan requires)  **Bank Code:**       **Bank Branch:**       **Sort Code:** |

**\*Signature Accepting Electronic Payments** (required if electronic payment requested)

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.

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the following questions if you are located in the United States doing business with Eli Lilly and Company or a U.S.-based affiliate:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***In order to comply with increased regulations related to supplier work arrangements, please provide the following information to help us ensure that the contracting and the work provided are appropriately structured and documented.*** | | | | |
| **\***How many employees does your company have? | 0-5 | 6-10 | 11-100 | 101+ |
| How do you document the pay for workers who provide services for your customers? | IRS Form W-2 | IRS Form 1099 | Both IRS Form W-2 and IRS Form 1099, depending on work | Neither – we only provide goods (not services) to customers |
| FOB City:       State/Region:       Postal Code:  FOB means ‘free on board’ and is the location where ownership of goods is transferred. | | | | |

**Supplier / Payee Legal Name: Tax ID#:**

**Answer ALL the questions on this page if doing business with our Puerto Rico affiliates: Lilly del Caribe Inc. or** **Eli Lilly Export S.A. (PRSA) – otherwise, continue to the next page.**

**IMPORTANT NOTICE TO REVIEW**

|  |
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| The Puerto Rico Internal Revenue Code imposes the obligation to withhold income taxes on certain payments as follows:   1. Payments to foreign corporations, partnerships or other types of legal entities organized outside of Puerto Rico that are not engaged in a trade or business inside Puerto Rico. Section 1150 of the Code imposes the obligation to withhold 29% of payments for services rendered inside Puerto Rico. 2. Payments to individuals who are not residents of Puerto Rico. Section 1147 of the Code imposes the obligation to withhold 29% of payments to nonresident alien individuals, and 20% of the payments to nonresident U.S. citizen individuals, for services rendered inside Puerto Rico. This withholding is required even if the nonresident individual is engaged in a trade or business inside Puerto Rico.   Article 1150-2 of the regulations under the Code provides that any foreign entity that is engaged in trade or business in Puerto Rico and , thus, not subject to the 29% withholding tax must notify the payer of this fact. The notice must be in writing, signed by an officer of the corporation or the managing partner of the partnership (whichever the case), and contain an explanation of the grounds supporting the conclusion that is engaged in a trade or business in Puerto Rico, and the address of its Puerto Rico office or place of business. Lilly is required, and will remit a copy of this letter to the Puerto Rico Treasury Department.   * If the supplier is engaged in trade business in Puerto Rico the retention is 10%. This applies to suppliers with physical addresses in Puerto Rico or U.S. * If the supplier has a total waiver from the Puerto Rico Secretary of the Treasury, then there is no retention; if partial waiver the retention is 6%.   Service Suppliers, engaged and exempt, **MUST** provide document of registration and exemption from the Puerto Rico Government, Treasury Department. |

|  |  |  |
| --- | --- | --- |
| If providing goods, then identify agreed IncoTerms.  **City:**       **State/Region:**       **Postal Code:** | DAP DAT | DDP |
| Certificado de Registro de Comerciante (.pdf format) must be attached if you are engaged in trade or business inside Puerto Rico. **Input** **Registration number:** |  | |
| \*Are you providing services **INSIDE** Puerto Rico? (INSIDE Puerto Rico means: you are providing your service from a location inside Puerto Rico or you need to travel to Puerto Rico to provide your service.) Tax withholding will apply for all service provided. If you are exempt or partially exempt from service tax withholding, during designated year you **MUST** submit a copy of the Waiver Certificate Withholding exemption document issued by the Puerto Rico Department of Treasury / Departmento Hacienda. | YES | NO |
| Is the payment for a Non-Profit Organization, Printing Services OR Donation? If **YES,** thensupplier is NOT subject to income tax withholding (Payments excluded from the 10% withholding). | YES | NO |

**Supplier / Payee Legal Name:**  **Tax ID#:**

**Complete this page if you are located in the United States or Puerto Rico:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*NAICS (North American Industry Classification System) codes:**  **\*Supplier Diversity Categorization Status Indicator**  Select **ALL** that apply to your business. If none apply, select **N/A** at the bottom of the list:  **Minority Business Enterprise (MBE) –** At least 51 percent minority owned, operated and controlled by one or more U.S. citizens from one of the ethnic minority groups listed below. Accepted certifications include affiliates of the National Minority Supplier Development Council and equivalent 3rd party certifying organizations (city/state).  **If you selected MBE, please also select one of the following:**   |  |  |  |  | | --- | --- | --- | --- | | African American | Asian Indian American | Native American | Other | | Alaskan Native | Asian Pacific American | Hispanic American |  |   **Woman Business Enterprise (WBE) –** at least 51% owned, controlled operated and actively managed by one or more women with U.S. citizenship. Accepted certifications include Women’s Business Enterprise National Council (WBENC), or equivalent 3rd party certifying organization (city/state).  **Veteran Owned Business Enterprise (VBE) –** at least 51% owned by one or more veterans with management and daily business operations controlled by one or more veterans. Self-Certification.  **Lesbian, Gay, Bisexual, Transgender or Queer Owned Business (LGBTQ) –** at least 51% owned by lesbian, gay, bisexual, transgender or queer individuals. National LGBT Chamber of Commerce Certification (NGLCC) required.  **Disability Owned Business Enterprises (DOBE)** – accepted certification include Disability: IN and the SDVOSB certification by National Veteran Business Development Council (NVBDC)  **Small Business** as defined by the SBA – a business that is independently owned and operated, is organized for profit, and is not dominant in its field. Depending on the industry, size standard eligibility is based on the average number of employees for the preceding twelve months or on sales volume averaged over a three-year period. Self-Certification  **Woman Owned Small Business (WOSB)** as defined by the SBA **–** at least 51 percent owned by one or more women; or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women; and whose management and daily business operations are controlled by one or more women. Self-Certification  **Small Disadvantaged Business (SDB)** as defined by the SBA – A small business that must be at least 51% owned and controlled by a socially and economically disadvantaged individual or individuals. SBA 8 (a) Certification or Self Certification  **Veteran Owned Small Business (VOSB)** as defined by the SBA **–** at least 51% owned by one or more veterans with management and daily business operations controlled by one or more veterans. Self Certification/VA Registration  **Service Disabled Veteran Owned Small Business (SD-VOSB)** as defined by the SBA **–** one or more veterans with service-connected disability own at least 51% and control management and daily business operations. Self Certification/VA Registration  **Historically Underutilized Business Zone Business (HUB Zone)** as defined by the SBA **–** a small business, its principal office must be located within a Historically Underutilized Business Zone and at least 35% of its employees must reside in a HUB Zone. SBA HUB Zone Certification  **HBCU/MI – Historically black colleges and universities or minority institutions as defined by the SBA**  **N/A – None of the above** |

***\*Signature confirming Supplier Diversity (required if anything above selected other than N/A)***

Any person who misrepresents its size status shall (1) be punished by a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act. If you have difficulty ascertaining your size status, please refer to Small Business Administration’s website at www.sba.gov/size or contact your local SBA office or review the definitions for the above categories in the Federal Acquisition Regulation 19.7 or 52.219-8: http://www.acquisition.gov/far/.

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Web Invoicing**

If you have a Purchase Order with Eli Lilly and Company, Lilly USA, LLC, Lohmann Animal Health,

Elanco US Inc., Lilly del Caribe, Inc., or Eli Lilly Export S.A., 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; 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, 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@directcommerce.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.

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@lilly.com). Please note that your payment terms do NOT begin until 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 inquiry in the eConnect or emailed. We do not have EDI or fax remittance options.

**Payment remittance advices** are sent directly from Lilly’s bank to the supplier’s Accounts Receivable e-mail or fax. To avoid email remittance advices being stopped as SPAM, we recommend SPAM filters are set to accept email sent from [grspelilillyco@mail.xpedite.com](mailto:grsp-elilillyco@mail.xpedite.com)

**IRS Tax Document Links**

It is the Supplier’s responsibility to determine which tax form is appropriate for its business situation. Lilly cannot provide guidance on the appropriate tax form or how to complete the form. Please reference the IRS instructions or consult a tax professional for assistance.

|  |  |  |
| --- | --- | --- |
| **FORM** | **FORM LOCATION** | **INSTRUCTIONS** |
| **IRS Form W9** | http://www.irs.gov/pub/irs-pdf/fw9.pdf | http://www.irs.gov/pub/irs-pdf/iw9.pdf |
| ***Note****:* ***W8 and 8233 Forms*** *emailed from the sender’s email address must be verified to be the email of the entity or original “wet-in” signature form must be obtained.* | | |
| **W-8BEN** | http://www.irs.gov/pub/irs-pdf/fw8ben.pdf | http://www.irs.gov/pub/irs-pdf/iw8ben.pdf |
| **W-8BEN-E** | http://www.irs.gov/pub/irs-pdf/fw8bene.pdf | http://www.irs.gov/pub/irs-pdf/iw8bene.pdf |
| **Form W-8ECI** | http://www.irs.gov/pub/irs-pdf/fw8eci.pdf | http://www.irs.gov/pub/irs-df/iw8eci.pdf |
| **Form W-8EXP** | http://www.irs.gov/pub/irs-pdf/fw8exp.pdf | http://www.irs.gov/pub/irs-pdf/iw8exp.pdf |
| **Form W-8IMY** | http://www.irs.gov/pub/irs-pdf/fw8imy.pdf | http://www.irs.gov/pub/irs-pdf/iw8imy.pdf |
| **Form 8233** | http://www.irs.gov/pub/irs-pdf/f8233.pdf | http://www.irs.gov/pub/irs-pdf/i8233.pdf |

**For Reference Only – Do Not Return This Page**

|  |  |  |
| --- | --- | --- |
| **Field Name** | **Description** | **Example** |
| \***Supplier / Payee Legal Name** | Legal Name of supplier doing business with Eli Lilly and Company and or affiliates. The tax form (i.e. W-9, W-8, 8233) provided should also be in this name.   * Electronic payments will be made to this entity; a different beneficiary is not allowed. * Check payments will be made to this entity. | Smith & Company |
| \***Name of Bank** | Name of the Bank | Bank of America |
| \***Bank Address** | Address of the Bank including street address, city,  state / region, postal code, and country  Lilly requires payment be made to a bank in the country in which (i) your principal business is incorporated or (ii) the goods and services are rendered assuming you have an office in and normally conduct business in that country. Exceptions are rare and may delay payment if pursued. |  |
| \***Bank Account** # | Supplier’s unique Bank Account Number | NNNNNNN |
| **U.S. Payees Only (all payments will be made via ACH in U.S. Dollars to U.S. checking accounts)** | | |
| \***ABA/Routing #** | |  |  | | --- | --- | | The Bank’s unique number, usually 9-digits |  | | 111222333 |
| **Non-U.S. Payees Only (all payments will be made via wire transfer)** | | |
| \***Currency** | Currency to be used for purchase orders / contracts, invoicing, and payment (must be same for all 3) | Canadian Dollars / CAD |
| \***SWIFT** | Unique identification code for the bank. Also known as BIC (**Business Identifier Codes**). | CITIJPJT or CITIJPJTXX  Must be 8 or 11 characters. |
| **IBAN** | Used by most European and many Middle Eastern countries. | GB29NWBK60161355555555 |
| **Transit #** | Required field for Canadian banks | XXXXX-YYY format |
| **CLABE** | 18 digit acct. no. required by Mexican banks. | NNNNNNNNNNNNNNNNNN |
| **Account Type** | Defines type of bank account (e.g. chequing, savings). Required by some countries. | 2 digits. Format differs by country. Required for Japan. |
| **Bank Code** | Bank Code is a unique no. assigned to a Central Bank. Identifies the correct institution to pay. | NNNN format for Japan. The required digits vary per country. |
| **Bank Branch** | Branch Code is used to identify the correct branch or location of the bank. | NNN format for Japan. The required digits vary per country. |
| **SORT Code** | Sort Code is a combination of Bank and Branch code.  Also known as BSB (**Bank State Branch**). | NN-NN-NN format for the British and Irish. Can also be formatted as NNNNNN. |