



Dear Supplier, please complete this form or submit equivalent information on your company letterhead. This information will be used for the sole purpose of updating H.B. Fuller vendor master information. List any invalid/inactive address and/or payment information using a separate sheet. H.B Fuller will use this information to update, merge duplicates and/or inactivate obsolete records.

Please indicate your internal customer number assigned to H.B. Fuller

SUPPLIER NAME	
Company Legal Name	
D/B/A	
GST # *For Vendors located in Canada	

MAIN ADDRESS		
Address Line 1		
Address Line 2		
Country	City	
State	Postal Code	

SHIP-FROM ADDRESS (If Different from Above) ** MANDATORY IF PROVIDING RAW MATERIALS AND/OR PACKAGING **		
Company Name		
Address Line 1		
Address Line 2		
Country	City	
State	Postal Code	
Hours of Operation	____ : ____ AM to ____ : ____ PM	Appointment Required
Contact Name	Contact Email	
Phone (Including Area Code)	Fax (Including Area Code)	

PAYMENT/REMITTANCE ADDRESS (If Different from Above)		
Address Line 1		
Address Line 2		
c/o		
Country	City	
State	Postal Code	
Invoice Currency	Remittance Email	

CUSTOMER SERVICE CONTACT INFORMATION		
Contact Name	Contact Email	
Phone (Including Area Code)	Fax (Including Area Code)	

ACCOUNTS RECEIVABLE CONTACT INFORMATION		
Contact Name	Contact Email	
Phone (Including Area Code)	Fax (Including Area Code)	

ELECTRONIC PAYMENT INFORMATION		
ABA Number (9 digits)	SWIFT code (not needed for US Suppliers)	
IBAN (for European countries)	Account Number	
Bank Name		
Address		
Country	City	
State	Postal Code	

SUPPLIER DIVERSITY INFORMATION							
Certified Minority/Women-Owned Business?		Yes	No				
Ethnicity (Minority Indicator)							
African American	Hispanic	Asian	Native American Indian		Caucasian		
Women Owned?	Yes	No	Veteran Owned?	Yes	No		

SUPPLIER SIGNATURE (the information provided on this supplier form is true and correct) - Not needed if sent by email (Electronic Signature)		
Signature		
Title	Date	

AP Contact Information:

All invoices require a valid system-generated purchase order number.

Billing options:

To avoid duplication and to help prevent payment delays, please choose from one of the three options listed below to submit invoices:

1. **Invoice billing address:** HB Fuller Company
C/O NASS AP
PO Box 64443
St Paul, MN 55164-0443

2. **Email:** recordsrequest@hbfuller.com

Environmentally friendly option for suppliers who wish to submit invoices electronically. The email is used as an alternative to sending invoices by U.S. mail. Please direct any invoice and payment inquires to the accounts payable email address listed below.

3. **Fax:** 651-236-5999

Main fax sent directly to Accounts Payable department.

Vendor invoice inquiries:

Email: accounts.payable@hbfuller.com

Please use this email for invoice inquires, payment requests, or urgent issues. If your contact database only allows for one email, please select the accounts payable email. For aging invoices feel free to attach a copy of the invoice. For statements we prefer lists in an Excel format. To expedite payment processing a valid PO, G/L coding, or approver's name should be included on all invoices.

AP Hotline: 1-800-328-6803 Opt 6