

PaymentWorks New Vendor Registration Form

Foreign Entities

Help Guide for Payees and Suppliers

SUMMARY

This document is used to provide examples and guidance for some of the questions that foreign entities will see as they progress through the registration process.

This captures most of the required questions, indicated on the form by a *

There may be additional questions that appear based on the selections made.

Please access the [PaymentWorks Help site](#) to review their resources and ask specific questions.

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Foreign Entities

Tax Information

As a foreign entity, you would select **Corporation**, choose your Country of Citizenship, and select the correct TIN (Tax Identification Number) type.

- Business Legal Name and Tax Number are required fields.
- If your country does not have a Foreign Tax ID, please work with [PW Support](#) to get a temporary ID.

If you have both an Individual Taxpayer Identification Number (ITIN) **AND** a Foreign Tax ID, please select **ITIN** and enter that into the form.

You must **upload a completed W-8BEN-E** form, and provide your DUNS number if it's applicable.

Tax Information

All fields marked with a red asterisk (*) are required fields.

All other fields are optional.

For tax purposes, which best describes you? *

Individual or Sole Proprietorship

Corporation or other complex business entity

Country of Incorporation or Organization *
Select an Option
United Kingdom

TIN Type *
Select an Option
Individual Taxpayer Identification Number (ITIN)

Select One
Individual Taxpayer Identification Number (ITIN)
Non-US Tax ID

that appears on government and legal forms and is tied to your company's Tax Identification number.

Enter Text Here

Tax Number *
8 to 20 characters
Enter Text Here

Confirm Tax Number *
Enter Text Here

W-8BEN-E *
An image or PDF file can be used here. A blank form can be found at this link:
[W-8BEN-E](#)
Choose File

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Company Information

Enter your Business Name or Doing Business As name – this is what your selected payment will be made out to. Please select the country and enter your phone number.

- If you encounter issues such as your country not being listed or your phone number not fitting into the format provided, please contact [PW Support](#) for advice.

Company Information

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Business Name or DBA *
Business Name or DBA is defined as the name your company uses to present itself to the public. This name may not necessarily be tied to your Tax Identification Number.

Telephone Number *
Enter Telephone Here

Preferred Email *
Enter Email Here

Website
Enter Value Here

Description of Goods or Services
Enter Text Here

[Save and Exit](#) [Next](#)

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Primary Address

This is the address you want any tax-related information sent, e.g., Form 1042S. It should correspond to the address used on your tax filings.

Foreign addresses may have different formats and structures. *Please do your best to provide the information using the fields provided.*

If your country does not have a zip code, please enter "00000".

Primary Address

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Country*
Select an Option
United States

Street 1*
Enter Text Here

Street 2
Enter Text Here

City*
Enter Text Here

State*
Select an Option

Zip / Postal Code*
Enter Text Here

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Remittance Address

This is the address where the payment should be mailed, if different than the Primary Address.

If the same, please select “**Same as Primary Address**” box.

Foreign addresses may have different formats and structures. *Please do your best to provide the information using the fields provided.*

If your country does not have a zip code, please enter “00000”.

Remittance Address

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Same as Primary Address

Country*
Select an Option
United States

Street 1*
Enter Text Here

Street 2
Enter Text Here

City*
Enter Text Here

State*
Select an Option

Zip / Postal Code*
Enter Text Here

Save and Exit [Next](#)

PaymentWorks New Vendor Registration Form

Foreign Entities

Payment Information

Please select whether you will be using a US Bank Account or a Non-US Bank Account to deposit your payment.

- If you have a Domestic Bank Account, select **USA Domestic Bank Account**. You will have 3 option for payment.
- If you have a foreign bank account, select **Non-US Bank Account** for WIRE.

The screenshot shows a web form titled "Payment Information". On the left, there is a sub-header "Payment Information" and two lines of text: "All fields marked with a red asterisk (*) are required fields." and "All other fields are optional." The main form area has a sub-header "Payment Information" and a label "Bank Location*" in red. Below this is a text prompt: "Please indicate whether you will be using a USA Domestic Bank Account or a Non-US Bank Account to deposit your payment." A dropdown menu is open, showing the text "Select an Option" and two options: "USA Domestic Bank Account" and "Non-US Bank Account". At the bottom right of the form, there are two buttons: "Save and Exit" and "Next".

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Banking Information

Banking information will need to be provided.

Banking Information

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Bank Name *

Name on Account *

Account Number *

Confirm Account Number *

Account Type *

Routing Number *

SWIFT Code

Bank Validation File *
An image or PDF file can be used here containing one of the following:

- Letter on company letterhead
- Voided check
- Voided deposit slip
- Letter from your bank
- Copy of a bank account statement

[Choose File](#)

No file chosen

Email Address for Payment Notifications *

Bank Authorization *

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Bank Address

Bank address will need to be provided.

Banking Information

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

[Choose File](#)
No file chosen

Email Address for Payment Notifications*

Bank Authorization*
Customers using PaymentWorks and the financial institution named herein are authorized to automatically deposit monies to my account

I Agree

Country*
Select an Option
United States

Street 1*

Street 2

City*

State*
Select an Option

Zip / Postal Code*

[Save and Exit](#) [Next](#)

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Foreign Entities

Additional Information

Foreign entities should select the **Non-US Entity** Supplier Category option.

Additional Information

All fields marked with a red asterisk (*) are required fields.

All other fields are optional.

Please contact vendor.maintenance@nuvancehealth.org if you have questions related to the Additional Information section of the registration.

Supplier Category*

Select an Option

Non-US Entity

Choose One


- US Individual
- Non-US Individual
- US Entity
- Non-US Entity

Accounts Receivable Contact Information

Accounts Receivable Contact Name

Enter Text Here

Accounts Receivable Contact Phone Number

 Enter Telephone Here ext.

Accounts Receivable Contact Email

Enter Email Here

Accounts Receivable Contact Fax Number

Enter Text Here