

David's Bridal Inc.  
Appendix A-4 New Vendor Setup  
Supplier to complete the top section of this page, provide insurance and tax documents

New Vendor Setup       Existing Vendor Information Change

Full Legal Name \_\_\_\_\_ Vendor Contact \_\_\_\_\_  
DBA Name \_\_\_\_\_ Phone \_\_\_\_\_  
Remittance Address \_\_\_\_\_ Fax \_\_\_\_\_  
Address Line 2 \_\_\_\_\_ email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ web site \_\_\_\_\_  
account # \_\_\_\_\_  
D & B # \_\_\_\_\_  
Payment Terms \_\_\_\_\_  
Payment Disc % \_\_\_\_\_  
Payment Method \_\_\_\_\_ see note below

Available to vendors operating within the US only:

If your company does not accept credit cards, enrolling in BoA's PayMode program will allow you to receive electronic payments and remittances. To enroll in PayMode, please visit: [www.paymode.com/davidsbridal](http://www.paymode.com/davidsbridal)

\*\*\*If you are already enrolled in PayMode, please put your PayMode collector ID # here \_\_\_\_\_

Suppliers located outside of the US must complete and supply a W-8 form <https://www.irs.gov/instructions/iw8>

Individual       Legal Entity      US Federal Tax ID # \_\_\_\_\_  
Must be filled in for all US vendors. Complete W-9 or W-8 as follows.

\*\*\*David's Bridal Internal Use Only\*\*\*

Expense Vendor       Merch Vendor  
Type \_\_\_\_\_

T & C signed       Billing Currency:  USD (US or CA only)  
Insurance on File        CAD (Canada only)

Is a contract or Master Services Agreement required?  Yes  No

Estimated annual spend \_\_\_\_\_  
\*\*\*three references required if expected annual spend is \$50k or more\*\*\*

e-comm only:  
eCMS # \_\_\_\_\_  
Handling Fee \_\_\_\_\_  
Transaction Fee \_\_\_\_\_

Requested By: \_\_\_\_\_ Date \_\_\_\_\_ Department: \_\_\_\_\_

Department VP approval \_\_\_\_\_

Received in Accounts Payable: \_\_\_\_\_

A/P Approval: \_\_\_\_\_ Date \_\_\_\_\_

A/R Approval: \_\_\_\_\_ Date \_\_\_\_\_

Entered in NAV: \_\_\_\_\_  
By: \_\_\_\_\_ Date \_\_\_\_\_

Vendor Number Assigned  
\_\_\_\_\_



## Insurance Requirements

### **Certificate Holder:**

David's Bridal, Inc., and all affiliates, subsidiaries and divisions  
Attn: Risk Management / Insurance@dbi.com  
630 Allendale Road, Suite 250  
King of Prussia, PA 19406

Insurance required shall be underwritten by a reputable United States insurer with a Best's Rating of A-VII or better. Deductible or retention shall not exceed \$25,000 per occurrence. Vendor shall provide David's Bridal, Inc. with certificates evidencing such insurance.

- Commercial General Liability Insurance, with limits of liability of not less than Five Million Dollars (\$5,000,000) each occurrence, combined single limit for bodily injury including death and property damage, and not less than Five Million Dollars (\$5,000,000) aggregate, including Products Liability, Personal Liability, Advertising Liability, Contractual Liability and all standard policy form extensions. The coverage requirements for Commercial General Liability Insurance above may be satisfied by a combination of Commercial General Liability and Excess or Umbrella Insurance; provided that the total amount of coverage provided by all such policies meets the above requirements and such Excess or Umbrella Insurance provides coverages for all claims and losses that would otherwise be covered by the Commercial General Liability Insurance.
- Statutory Workers' Compensation and Employers' Liability Insurance on all employees for occupational accidents or diseases, with limits of liability of not less than One Million Dollars (\$1,000,000) for any one accident or disease.
- Comprehensive Automobile Liability Insurance covering all vehicles (including owned, non-owned and hired) with limits of liability of not less than One Million Dollars (\$1,000,000) each occurrence, combined single limit for bodily injury including death, and property damage.

David's Bridal, Inc., and all affiliates, subsidiaries and divisions are listed as the Certificate Holder and **must be included as additional insured**. All policies provide coverage, which is primary to Certificate Holder's coverage. The Workers' Compensation policy includes a Waiver of Subrogation against the Certificate Holder. This coverage shall continue throughout the term of this contract, including any extensions made thereto. Vendor shall give David's Bridal, Inc., and all affiliates, subsidiaries, and divisions 30 days notice prior to any cancellation of such insurance.

All certificates, endorsements and questions should be emailed to [Insurance@dbi.com](mailto:Insurance@dbi.com).

630 Allendale Road, Suite 250, King of Prussia, PA 19406

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 Fill in blank fields only - shaded fields are for David's Bridal use only

For full instructions, visit the IRS website at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

**Form W-9**  
 (Rev. March 2024)  
 Department of the Treasury  
 Internal Revenue Service

**Request for Taxpayer  
 Identification Number and Certification**

Go to [www.irs.gov/FormW9](https://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
 requester. Do not  
 send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b> See <i>Specific Instructions</i> on page 3.	<p><b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p><b>2</b> Business name/disregarded entity name, if different from above.</p> <p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor                    <input type="checkbox"/> C corporation                    <input type="checkbox"/> S corporation                    <input type="checkbox"/> Partnership                    <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .  <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) . . . . .             </p> <p><b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/></p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p>(Applies to accounts maintained outside the United States.)</p>
	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p> <p><b>6</b> City, state, and ZIP code</p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>								
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<b>OR</b>								
<b>Employer identification number</b>								
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**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<p>Signature of U.S. person _____</p>	<p>Date _____</p>
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