

### AOL Vendor Profile Form

Please complete this form for all vendor additions and maintenance. **TYPE OR PRINT CLEARLY.**  
 New vendor submissions and address changes will **REQUIRE** an attached **W-9 (Domestic)** or **W-8BEN (International)**.  
 Please ensure that **all required signatures are obtained** prior to submission.  
 Any questions may be directed to [SSCSupport@corp.aol.com](mailto:SSCSupport@corp.aol.com) or 703-265-8888 (Option 2)



This request is for a: New Vendor  Change/Update Existing Vendor Record  This vendor is: Trade  Royalty

Will this vendor receive a Purchase Order? Yes  No  Purchase Orders via: Fax  E-Mail

AOL Requester Name: DAVID HANSTAD Signature: [Signature]

Date: \_\_\_\_\_ Company Code: 1214 Phone Number: \_\_\_\_\_

Department Approval: (Senior MGR) \_\_\_\_\_ Signature: \_\_\_\_\_

Legal Name Of Vendor (as stated on W-9) \_\_\_\_\_  
 Doing Business As (DBA stated on W-9) \_\_\_\_\_

Mailing/Remit Address If Different than W-9:

This address is: Mailing  Remit  New HQ  This address is: Mailing  Remit

Address 1:	Address 1:
Address 2:	Address 2:
City:	City:
State:	State:
Zip Code:	Zip Code:
Country:	Country:

Vendor Business Information:

Contact Name:			
Telephone:		Extension:	
Fax:		E-Mail:	
Minority Indicator Code:		Payment Term:	
Additional Contact Name:			
Telephone:		Extension:	
E-Mail:		Type (AP, etc.):	

Preferred payment method is: EFT (Transfer)  Check  Wire (Non US Vendors)  If wire, complete Disbursement Form

Bank Information (For Electronic Funds Transfer):

Bank Name:		Account Name:	
Routing Number:		Account Number:	
Account Type:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other <input type="checkbox"/>		

**(VENDOR SIGNATURE AUTHORIZATION FOR EFT IS REQUIRED)**  
 I authorize (individually and/or as an authorized representative for the business named above) AOL, LLC, to transfer funds as payments for goods or services into the account named above, and, if necessary, to make adjusting entries for any entries made in error and allow the bank named below to debit and/or credit the same to such account. I understand that AOL requires this information to be current; therefore, any changes to information provided on this form must be conveyed to AOL's Master Data department at least 15 days in advance and in writing to ensure accurate processing. I attest that all information provided on behalf of the individual/business is accurate to the best of my knowledge.

AUTHORIZED SIGNATURE OF VENDOR: \_\_\_\_\_ Date: \_\_\_\_\_

## AOL Vendor Profile Form Instructions

The following is the step by step process to successfully completing and submitting the AOL Vendor Profile Form and W-9/W-8BEN. If additional assistance is required while completing the Vendor Profile Form or W-9/W-8BEN call (703) 265-1827 or e-mail questions to [SSCSupport@aol.com](mailto:SSCSupport@aol.com).

**A W-9 is REQUIRED FOR ALL:** new vendor set-ups, address changes and Tax ID Number changes

- **Step 1:** Indicate whether this is a vendor maintenance/change request or if this is a new vendor request. Accurately indicating whether the request is a maintenance or new set-up request will save time and help to limit the potential for confusion and longer lead times. If you are not sure whether a vendor is already on file you may contact (703) 265-1827 or e-mail [SSCSupport@aol.com](mailto:SSCSupport@aol.com) to make an inquiry.
- **Step 2:** Indicate whether or not this is a Trade or Royalty vendor.
- **Step 3:** Complete the AOL requester fields. This is the name of the person within AOL that wishes to have the vendor added to SAP. The requester's name, signature and phone number are **REQUIRED**. Forms received without this information will be rejected immediately.
- **Step 4:** Obtain either the signature of your Major Sourcing Group (sometimes referred to as Business Development) representative, the AOL Purchasing Manager or Department Approver (Sr. Manager or above).
- **Step 5:** Complete the vendor name fields exactly as they are stated on the W-9/W-8BEN.
- **Step 6:** This step is **OPTIONAL**. If the vendor has a remit address or additional mailing address you may complete the provided fields. Check the appropriate box to match the information provided.
- **Step 7:** Complete "Vendor Business Information" fields. Include the vendor contact name, e-mail address and fax number. An additional section is provided if an alternate contact is provided.
- **Step 8:** Indicate which payment method is desired, electronic funds transfer (EFT), check or wire. Note: **WIRE PAYEMENTS ARE FOR INTERNATIONAL VENDORS ONLY**. Domestic vendors will receive EFT or check payments. EFT is **NOT** available for international vendors banking outside of the U.S. Those selecting wire **SHOULD NOT** complete the banking section of this form. A Disbursement Request Form should be completed by the AOL Business Unit.
- **Step 9:** This step is only required if EFT is selected as the payment method. If EFT is selected then the vendor **MUST** provide the account information and sign the banking block in order for EFT payments to occur.
- **Step 10:** Submit the completed form(s) to AOL Master Data. Completed forms may be faxed to (703) 265-3991 or e-mailed to [SSCMasterData@aol.com](mailto:SSCMasterData@aol.com). All questions should be addressed to the Shared Services Help Desk at (703) 265-1827 or [SSCSupport@aol.com](mailto:SSCSupport@aol.com).

**BE SURE TO COMPLETE ALL REQUIRED STEPS FOR TIMELY PROCESSING. TURNAROUND TIME IS 72 HOURS FOR ALL SUBMISSIONS.**





### MWBE Classification Form

AOL Supplier Diversity Assistance  
Phone: (703) 265-7528  
Fax: (703) 466-6402  
E-Mail: [SuppDiversity@aol.com](mailto:SuppDiversity@aol.com)

This is to certify that this business qualifies as: *(please check all that apply)*

\_\_\_\_\_ **Minority-Owned Business (MBE)** - A business at least 51% of which is owned (or, in the case of publicly owned businesses, at least 51% of the stock of which is owned) by one or more minority individuals or other individuals found to be disadvantaged as established by the SBA and whose management and daily operations are controlled by such individuals. *Please check mark the appropriate qualification below:*

- |                          |                              |      |            |
|--------------------------|------------------------------|------|------------|
| <input type="checkbox"/> | African American             | (AA) |            |
| <input type="checkbox"/> | Hispanic/Latino American     | (HA) | ___ Male   |
| <input type="checkbox"/> | Asian-Pacific American       | (AP) | ___ Female |
| <input type="checkbox"/> | Sub-Continent Asian American | (SA) |            |
| <input type="checkbox"/> | Native American              | (NA) |            |
| <input type="checkbox"/> | Other Minority _____         |      |            |

\_\_\_\_\_ **Non-Minority Woman Owned Business (WBE)** - A business that is at least 51% owned and operated by a non-minority woman or a group of non-minority women.

\_\_\_\_\_ **Disabled Owned Business (DBE)** - A business that is at least 51% owned by an individual or individuals who has a physical or mental impairment which substantially limits one or more of such persons major life activities.

\_\_\_\_\_ **Service Disabled Veteran Owned Business (DVBE)** - A business that is at least 51% owned by one or more veterans, who control and operate the business. The term "veteran" (38 U.S.C. 102(2)) means a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.

#### Documentation Requirements:

If you are listing your company as a certified Minority, or Non-Minority Woman-Owned business, please fax a copy of your certification from an authorizing agency (e.g., NMSDC, regional minority council, WBENC, NAWBO, city, council, state) to 703-265-6609 or email to [suppdiversity@aol.com](mailto:suppdiversity@aol.com).

I self certify that the above information is accurate.

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date



## Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	<b>StudioNow</b> <b>1400 18th Ave S, Ste A2</b> <b>Nashville, TN 37212</b>
List account number(s) here (optional)	

### 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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

### 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).

**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 on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

