

Vendor Subsidiary / Branch Office / Other Affiliate
VENDOR SUBSIDIARY FORM

INSTRUCTIONS: Complete a separate Vendor information Sheet for each subsidiary, branch office and/or other affiliate (referred to herein as "Subsidiary," that will be covered by the Vendor Agreement. Once approved by MaineHousing, the Vendor Information Sheet shall be deemed to be expressly incorporated into the Vendor Agreement.

1. **Vendor Parent Company** (as stated on Vendor Agreement) _____

2. **Name of Subsidiary** _____

Mailing Address _____ Contact Person _____

Mailing City State Zip _____ Phone Number _____

Physical Address _____ Email Address _____

Physical City State Zip _____ Fax _____

3. **Heating Fuels Offered** (check all that apply)

#2 Fuel Oil Kerosene Propane Natural Gas Electricity

Wood Pellets Corn Pellets Bio-Bricks Coal Firewood

4. **Does the Subsidiary have its own Taxpayer Identification Number (TIN)?** YES NO

If YES Provide the TIN number in the space below and submit a completed IRS W-9 Form to MaineHousing with this Information Sheet. Additional W-9 Forms can be obtained from the IRS website at irs.gov. MaineHousing will send an IRS-required 1099 Report to the parent company named on the Vendor Agreement.

If NO MaineHousing will send an IRS-required 1099 Report to the parent company named on the Vendor Agreement.

Subsidiary Tax Identification Number (TIN) _____

5. **Should the Subsidiary receive payments directly from MaineHousing?** YES NO

If YES Complete the information below which is needed for electronic transfers to the Subsidiary.

If NO Payments of Fuel Assistance/ECIP benefits for customers of the Subsidiary will be made to the parent company named on the Vendor Agreement.

Bank Name _____ Type of Account

Bank ABA Routing Number _____ Checking

Name on Account _____ Savings

Account Number _____

6. **Will the Subsidiary be responsible for completing MaineHousing's Annual Consumption Report?** YES NO

If YES MaineHousing will send the Annual Consumption Report (ACR) to the Subsidiary to be completed.

If NO The Annual Consumption Report will be sent to the parent company to be completed.

Indicate if the ACR should be sent via mail or email. Mail Email

9. **AUTHORIZED SIGNATURE**

The undersigned representative of Vendor hereby warrants and represents that he/she is an officer of Vendor, of if Vendor is owned by a single person, is owner of Vendor, and has authority to execute contractual agreements on behalf of Vendor and that the Vendor shall be bound by his/her actions.

Vendor Officer Signature

MaineHousing Authorized Representative Signature

Vendor Officer Name and Title (print)

MaineHousing Authorized Representative Name and Title (print)

Date

Date