



**SHERWIN-WILLIAMS.**

## **Prospective Supplier Registration**



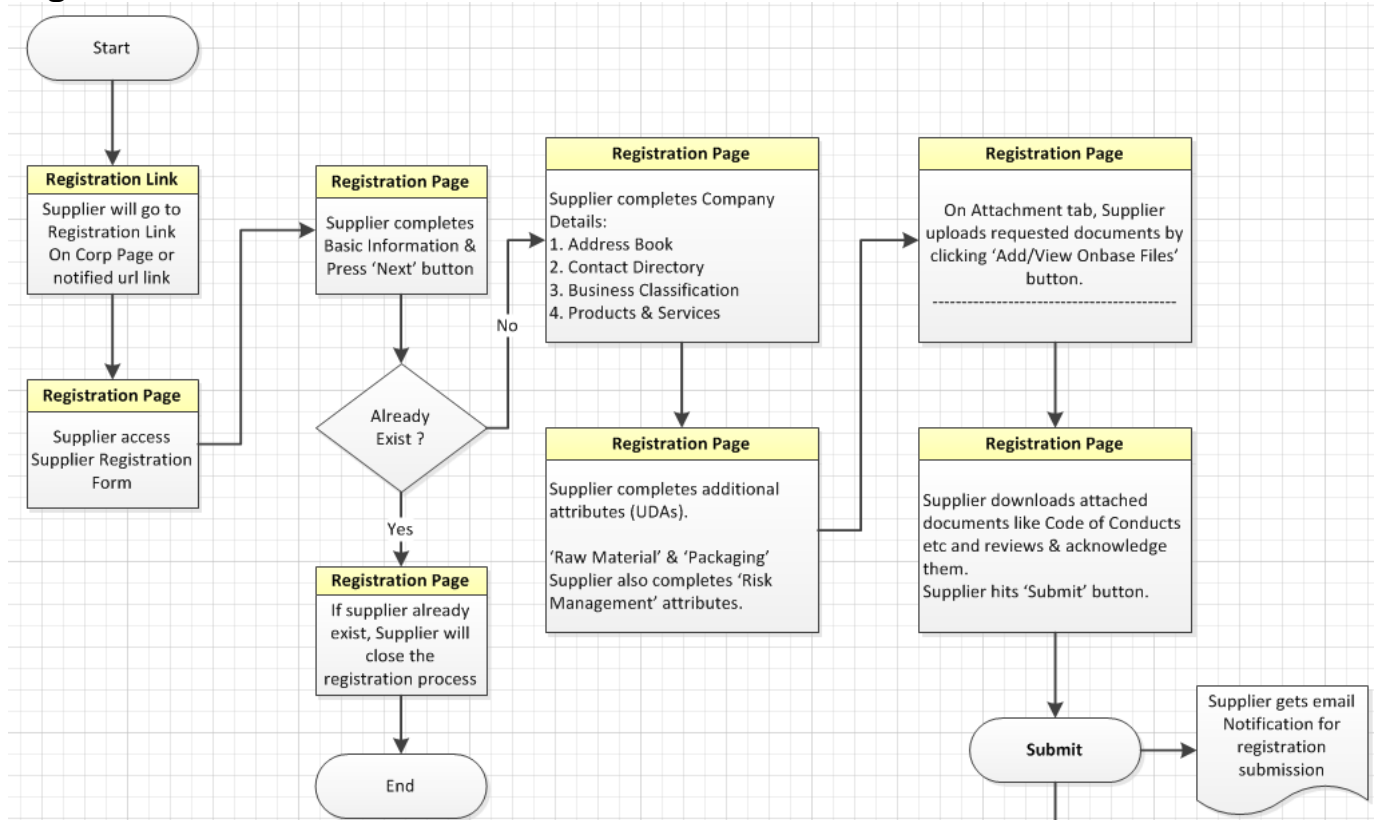
# **Supplier Training Document**

## Prospective Supplier Registration (Initiated by Supplier -Self Registration)



## Prospective Supplier Registration

### High Level Process Flow:



Supplier clicks on 'Become a Supplier' URL to access supplier registration page:

Below page will display:

Enter Basic Information:



## Prospective Supplier Registration

**iSupplier Portal** Close

Basic Information | Company Details | Additional Information | Attachments

**Prospective Supplier Registration** Step 1 of 4 Next

\* Indicates required field

**Company Details**

Either Taxpayer ID or Tax Registration Number must be provided.

* Company Name	TESTSUPPLIER
	<small>Enter your Trade or DBA name in UPPERCASE. * This is your business name as listed on your invoice to customers *</small>
* Tax Country	United States
Tax Registration Number	
	<small>Non-US firms should provide their Tax Registration Number.</small>
Taxpayer ID	12-34567891
	<small>Requested format is XX-XXXXXXXX for EIN or XXX-XX-XXXX for SSN. * Taxpayer ID is your firm's US Taxpayer Identification Number *</small>
Dun & Bradstreet Number	1234567891
	<small>Please provide DUNS Number for your company. * Requested format is XXXXXXXX. Do not use dashes.*</small>

➤ **Note : Please read carefully the Tip message mentioned against the field. This will help you in following naming convention also. The fields marked with ‘\*’ are mandatory.**

### Instructions:

- 1) Enter Company name in UPPERCASE. Mandatory
- 2) Select Tax country
- 3) Tax Registration Number field is applicable for Non-US suppliers
- 4) Tax Payers ID is applicable for US suppliers
- 5) Enter the DUNS & Bradstreet Number as applicable

### Contact Information

* Email	TEST@SUPPLIER.COM
* First Name	PAT
* Last Name	STOCK
* Phone Country/Area Code	678
	<small>US, Canada and Jamaica format: XXX for area code only. * Enter country code here if it is a value other than 001 *</small>
* Phone Number	123 4567
	<small>US, Canada and Jamaica format: XXX XXXX (no dashes)</small>
Phone Extension	1200

### Instructions:

- 1) **Give the Supplier Contact Primary user's email address**
- 2) Input the supplier user's First Name
- 3) Input the supplier user's Last Name
- 4) Input supplier user's Phone Country/Area Code
- 5) Input supplier user's Phone number
- 6) Optionally give the Phone Extension

**Click on 'Next' button.**



## Prospective Supplier Registration

### Enter Company Details:

**Prospective Supplier Registration: Additional Details** Save For Later Back Step 2 of 4 Next

Supplier Type: Raw Material  
Company Name: TESTSUPPLIER  
Tax Country: United States  
Tax Registration Number:   
Taxpayer ID: 12-34567891  
DUNS Number: 1234567891  
Alternate Supplier Name:   
Note to Buyer:   
Note to Supplier:

**Instructions:** Fill in additional details

- 1) Input the Supplier Type as applicable
- 2) Optionally you can enter note to buyer

### Enter Supplier Address:

Click on Create button below ..

**Address Book**

Provide the remittance address for your firm. Additional addresses may also be added, but a minimum of one address is required in order to submit this registration.

[Create](#) 

Address Name	Address Details	Purpose	Update	Delete
No results found.				

Below Supplier Address Details page will display:



# Prospective Supplier Registration

## Create Address

**TIP** \*\* Please confirm that the address is accurate using USPS website before you click 'Apply' button. Cancel Apply

\* Indicates required field

\* Address Name   
Enter complete address in UPPERCASE. Address name should be the city referenced.  
 Example 1: first Cleveland address: CLEVELAND01.  
 Example 2: second Cleveland address: CLEVELAND02.

Country

\* Address Line 1   
 Address Line 2   
 Address Line 3   
 Address Line 4

\* City/Town/Locality   
 Country   
 \* State/Region   
Please use valid US State and Territory abbreviations.

Province   
Please use valid Canadian Province and Territory abbreviations.

\* Postal Code   
Please add zip plus 4 for all United States Postal Codes.

\* Phone Country/Area Code   
US, Canada and Jamaica format: XXX for area code only  
 \* Enter country code here if it is a value other than 001 \*

\* Phone Number   
US, Canada and Jamaica format: XXX XXXX (no dashes)

Fax Area Code   
 Fax Number

Email Address   
Provide a general email address where you would like to receive Purchase Orders.

Purchasing Address  
Purchase Orders will be sent to locations designated as Purchasing Addresses. Purchasing Addresses must be the physical street address for that location.

Payment Address  
Invoice Payment will be remitted to Payment Addresses via USPS. Payment Address may be a physical street address or PO Box.

RFQ Only Address  
RFQ Only Addresses are sales office locations designated to receive Request For Proposals.

## Instructions:

- 1) Give an address name in uppercase, It should be the city referenced.
- 2) Input the country of the supplier.
- 3) Input the Supplier Address Line 1 field.
- 4) Optionally fill in the Address line 2, Address Line 3 & Address Line 4 fields as applicable.
- 5) Input the City/ Town/ Locality.
- 6) Input the County as applicable.
- 7) Input the Supplier State/Region as per the US state and territory abbreviations.
- 8) Give the Postal Code.
- 9) Input the Phone Country/ Area code, enter the country code here if it is other than '001'
- 10) Input the Phone number in US format with no dashes.
- 11) Optionally fill in the Fax Area code; Fax Number & email address (give a general email address where you would like to receive the purchase orders.)
- 12) Check in the purpose of the supplier address for Purchase orders (Purchase orders will be sent to this address) as well as Payment address and uncheck the RFQ only address.

## Update the contact directory of the Supplier User Contact:

Click on update as shown below

### Contact Directory

**TIP** At least one contact person is required for your firm. Please click the Update button and complete all details for that initial person's contact information.

First Name	Last Name	Phone	Email	Requires User Account	Update	Delete
PAT	STOCK	678-123 4567-1200	TEST@SUPPLIER.COM	✓		



# Prospective Supplier Registration

## Update Contact

Cancel Apply

\* Indicates required field

Contact Title	Mr. ▼	* Phone Country/Area Code	678
* First Name	PAT	<small>US, Canada and Jamaica format: XXX for area code only. * Enter country code here if it is a value other than 001 *</small>	
Middle Name		* Phone Number	123 4567
* Last Name	STOCK	<small>US, Canada and Jamaica format: XXX XXXX (no dashes)</small>	
Alternate Name		Phone Extension	1200
Job Title	MARKETING MANAGER	Alternate Phone Area Code	
* Department	SALES	Alternate Phone Number	
* Contact Email	TEST@SUPPLIER.COM	Fax Area Code	
		Fax Number	

## Supplier User Account

Create User Account For The Contact  
Select 'Requires User Account' for those in your firm who will need access to update your firm's Supplier Profile information.

## Addresses For the Contact

TIP Please select the appropriate work address location for this person. At least one address must be associated with this contact.

Address Name	Address Details	Remove
No results found.		

## Instructions:

- 1) Update the Job Title and Department. No other update needed.
- 2) If needed, please add other contacts by pressing 'Create' button

## Update Business classification:

Check the boxes whichever are applicable for your business.

### Business Classifications

Classification	Applicable	Minority Type	Certificate Number	Certifying Agency	Expiration Date
27 Small Disadvantaged Business	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
A3 Labor Surplus Area Firm	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
HQ DoT Certified Disadvantaged Business Enterprise	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Hub Zone	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Minority Owned	<input checked="" type="checkbox"/>	Native American ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service-disabled Veteran Owned	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Small Business	<input checked="" type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Veteran Owned	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Women Owned	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

TIP Date format example: 18-Jul-2016

Click on the boxes whichever is applicable. Enter Certificate Number & Expiration Date if applicable.



# Prospective Supplier Registration

## Products and Services:

### Products and Services

At least one entry is required.

Create

No results found.

Products and Services

Delete



### Add Products and Services: : (TESTSUPPLIER)

- Browse All Products & Services
- Search for Specific Code and Product



Code	Products and Services	View Sub-Categories
1110	Minerals and ores and metals	
1111	Earth and stone	
1214	Elements and gases	
1216	Additives	
1217	Colorants	
1218	Waxes and oils	
1219	Solvents	
1235	Compounds and mixtures	
1311	Resins and rosins and other resin derived materials	
1511	Gaseous fuels and additives	

## Instructions:

- 1) Check if you are browsing all products and services or search for specific code and product as shown above
- 2) Click on the view Sub-Categories
- 3) Select the category under which the supplier or the business they come under.

Click on 'Applicable' checkbox and Press 'Apply' button.

### Add Products and Services: 1110 :Minerals and ores and metals (TESTSUPPLIER)

Cancel Apply



Code	Products and Services	View Sub-Categories	Applicable
00	General		<input type="checkbox"/>
15	Minerals		<input checked="" type="checkbox"/>

[Return to Parent Category](#)

Click on 'Next' button to move to 'Additional Information' page:



# Prospective Supplier Registration

## Supplier Profile Attributes

### Enter Employee contacts (Mandatory):

Sherwin-Williams Employee Contacts

Contact Name	Email	Delete



Click on + Sign

Sherwin-Williams Employee Contacts

Contact Name	Email	Delete
MR TEST SHERWIN	TEST@SHERWIN.COM	

### Instructions:

- 1) Enter Sherwin Williams Supplier Administrator contact name.
- 2) Input contacts email id.

### Company ownership:

Progress bar: Basic Information | Company Details | **Additional Information** | Attachments

**Supplier Profile Attributes** Save For Later Back Step 3 of 4 Next

\* Indicates required field

**Supplier Registration**

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**Company Ownership**

\* Legal Entity Name: TESTSUPPLIER LLC  
Enter in UPPERCASE This is Legal Name as listed on your W9/WS from for income tax filing purpose.

\* Legal Structure: Limited Liability Companies

\* Business Type: Manufacturer

Is the company at least 51% owned by US Citizens? Yes

Principal Owner: ABC  
Please specify if your company is at least 51% owned or controlled by one or more US Citizens

Are you listed on the US Federal Government's System for Award Management (SAM)? No  
Please provide name of Principal Owner if your company is not a Corporation. For more information, please visit www.sam.gov

### Instructions:

- 1) Enter the Legal Entity Name under which the Supplier is registered. (Enter in uppercase. This is the Legal name as listed on your W9/WS for income tax filing).
- 2) Input the Legal Structure (Select from the drop down as applicable).
- 3) Select the Business type of the supplier as applicable.
- 4) Select if the company is at least 51% owned by a US citizen (Yes/No).
- 5) Input the Principal owner of the business if the company is not a corporation.
- 6) Yes/No if you are listed on the US federal Government's System for Award Management(SAM)





## Prospective Supplier Registration

### Parent Company Information (Optional):

#### Company Ownership - Parent Company Information

Organization Type **Headquarters and Single Location** ▼  
If your firm is not a subsidiary of another company, please select 'Headquarters or Single Location'. Otherwise select the appropriate Organization Type which describes your firm and provide information about your parent company below.

Parent Company Country

Parent Company Name

Parent Company Address

City

State/Province/Region

Postal Code  Please use valid US and Canadian State, Province and Territory abbreviations.

Parent Company Phone  Include Country Code (Requested format for US, Canada and Jamaica: XXX-XXX-XXXX)

#### Instructions:

- 1) Enter the organization type of the parent company.
- 2) Country in which the parent company is located in.
- 3) Input the name of the parent company.
- 4) Enter the city as applicable
- 5) Enter the State/Province/Region.
- 6) Enter the Postal code of the parent company.
- 7) Enter the Parent company's phone number.

### General Business Information (Optional):

#### General Business Information

Number of Employees

Year Established  ▼

Year of Incorporation  ▼

Country of Incorporation

Is your company Publicly Traded?  ▼

Stock Symbol  If Publicly Traded, please provide Stock Symbol.

Website

#### Instructions:

- 1) Enter the number of employees in your organization
- 2) Input the Year established and Year of incorporation
- 3) Enter the country of Incorporation
- 4) Yes/No is your company Publicly Traded
- 5) Enter your stock symbol
- 6) Enter your company's website.



# Prospective Supplier Registration

## Risk Management (Only applicable for Raw Material & Packaging suppliers):

### Risk Management

#### Risk Management - General Questions

- Does your company have a published Child and Forced Labor Policy?  Yes  
 No
- Does your company have a documented Safety Program?  Yes  
 No

#### Plant Region: Where are your plants located?

* Plant Name	* Country or Territory (ISO Code)	* State, Province or Region	* City	Delete

#### Ports: If importing product, which shipping ports does your company utilize?

* Port Usage Indicator	Port Name	Port Code	Port Country or Territory (ISO Code)	Delete



### Risk Management:

- 1) Select Yes/No, Does your company have a published Child and Forced Labor policy?
- 2) Select Yes/No, Does your company have a documented Safety program?

#### Plant Region: Where are your plants located?

* Plant Name	* Country or Territory (ISO Code)	* State, Province or Region	* City	Delete
XYZ PLANT	US	GA	ATLANTA	

#### Ports: If importing product, which shipping ports does your company utilize?

* Port Usage Indicator	Port Name	Port Code	Port Country or Territory (ISO Code)	Delete
Primary				



### Plant Region:

#### Instructions:

- 1) Enter Plant name
- 2) Input the country or territory (ISO Code)
- 3) Input the State/Province or Region
- 4) Enter the City where it is located

\*\* Use '+' sign to add more Plants.

Port: If importing products, which shipping port does your company utilize?

- 5) Enter Port Usage Indicator – If it is not applicable, then select 'Not Applicable'
- 6) Input the Port Name
- 7) Input the Port Code
- 8) Enter the Port country or territory (ISO Code)

\*\* Use '+' sign to add more Ports.



## Prospective Supplier Registration

Click on 'NEXT' button to move to the attachments window.

**Attachments**

**TIP** Reminder to all suppliers to attach the following documents:

1. W9 (US Companies) or W8 (Foreign Companies) if doing business in the US \*
2. Electronic Funds Transfer (EFT) Form (This form is available in Sherwin-Williams Website.)
3. Diversity Certification
4. Insurance Certificates
5. ISO Certification
6. Consulting Services Agreement, If applicable
7. Personally Identifiable Information Agreement, If applicable

\* Suppliers providing goods or services within the United States are required to upload and attach a current W9 for US based suppliers or W8 for non-US suppliers. Blank copies may be obtained from the IRS website (www.irs.gov).

[Add/View Attachment Files](#)

**Note:** Please read carefully the list of documents needed for your Registration.

Click on 'Add/View Attachment Files' button to upload the documents.

Below page will display:

Upload documents into OnBase

\* Title

\* Description

\* Document Category

\* Expiration Date

\* File  No file chosen

Upload documents into OnBase

\* Title

\* Description

\* Document Category

\* Expiration Date

\* File  No file chosen

### Instructions:

- 1) While you upload a document, give it a title and a description of the uploaded document relates to the requested list of documents.
- 2) Input the Document category from the drop down
- 3) Enter the Expiration date of the document if applicable
- 4) Choose a file from where it has been stored.
- 5) Click on upload.

Click on 'Back on Previous Page' to go to previous page.



# Prospective Supplier Registration

## Review & Acknowledgment:

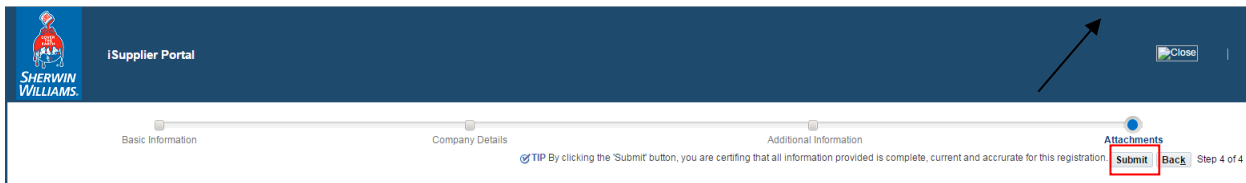
### Review & Acknowledgement

Title	Description	File Name	Reviewed & Acknowledged
PO General Terms and Conditions	Purchase Order General Terms and Conditions	Sherwin PO Terms & Conditions.xps	<input checked="" type="checkbox"/>
SW Conflict Mineral Policy	Sherwin-Williams Conflict Mineral Policy	SW Conflict Mineral Policy.pdf	<input checked="" type="checkbox"/>

### Instructions:

- 1) Click on the files to download and review them
- 2) Check the box Reviewed & Acknowledged after reading all the listed documents.

Click on 'Submit' button



After Submitting you will get a Confirmation message shown below.

### Confirmation

Thank you for registering your company. Your registration has been submitted for approval and you will be notified of your registration status via email in due course.

## Supplier Contact User will get below email:



**FYI: Sherwin-Williams Supplier Collaboration Network: Registration Submitted**  
**SWMDMQA Workflow Mailer** to: PAT STOCK  
 Please respond to WFMailer.SWMDMPRJ

07/18/2016 04:17 PM  
[Show Details](#)

1 attachment



Notification Detail.html

To: PAT STOCK  
 Sent: 18-JUL-16 16:17:00  
 ID: 116096

You have submitted information to register your firm as a prospective supplier to The Sherwin-Williams Company through the Sherwin-Williams Supplier Registration Application.

Now that you have completed your registration form, the information you provided will be validated by Sherwin-Williams to confirm its accuracy and compliance with Sherwin-Williams policies. This process takes approximately 3-5 business days after receipt of all requested documentation. During this time, you may be contacted to provide additional information. Use the following link to revise and/or track the progress of your registration:

[Prospective Supplier Registration Status Page](#)

If you have questions regarding your registration, please send an E-mail to Sherwin-Williams, at [supplierregistration@sherwin.com](mailto:supplierregistration@sherwin.com)

For general information about Sherwin-Williams' Supplier Registration Program or to provide feedback, please send your comments to [supplierregistration@sherwin.com](mailto:supplierregistration@sherwin.com)

Thank you for your interest in partnering with The Sherwin-Williams Company