



NEW SUPPLIER WIRE TRANSFER REGISTRATION

All fields on this form must be completed to ensure prompt processing.

Date	Currency	
Supplier (Company) Name		
Supplier AR Manager's Name	Supplier AR Manager's Phone	Supplier Contact's Email

Beneficiary Bank
Name (BBK)

Swift Code #

Bank Account #

BBK Branch
Name

Phone

BBK Bank
Address

Country

City

State/Province

Zip/Postal Code

**FOR CANADIAN
SUPPLIERS ONLY**

Branch Code

Transit Number

Beneficiary account name and bank account name must match EXACTLY!

Beneficiary Account Name (BNF)

Beneficiary Mailing Address

City

State/Province

Zip/Postal Code

Country

If BNF is different from supplier name, please explain.

AFL will verbally contact AR manager for banking information validation.

Supplier Signature

Date

Printed Name

Title