



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 #
or CLABE/IBAN #
BBK Branch Name Phone
BBK Bank Address Country
City State/Province Zip/Postal Code

FOR CANADIAN SUPPLIERS ONLY Branch Code Transit Number

Supplier name and 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