

**INSTRUCTIONS**

1. Complete all sections as applicable to your business & country requirements.
2. Required fields are indicated with “\*”.
3. Sourcing events require only those fields highlighted in yellow.
4. Type your responses. Illegible applications are returned unprocessed.
5. Send completed form to the Shared Service Center indicated below.

**One-Time Payment**

Check here if you expect to receive a one-time payment from Novell.

If you checked One-Time Payment EFT is not required. Fill out only yellow highlighted sections and submit form.

**Today's Date** \_\_\_\_\_

**Organization** (Novell use only) \_\_\_\_\_

**Supplier #** (Novell use only) \_\_\_\_\_

**RFx Only**      **End Date:** \_\_\_\_\_

**Americas & AsiaPac Shared Service Center**

**Accounts Payable:**

**Contact:**

**Fax:**            1.801.861.2658

**Americas & AsiaPac Shared Service Center**

**Corporate Purchasing:** corp\_purchasing@novell.com

**Contact:**

**Fax:**            1.801.861.4242

**INVOICING REQUIREMENTS**

- PO# must be issued prior to delivering goods or performing services.
- Send original invoice to Novell address on PO (no copies/faxes).
- Print on invoice: PO#, contact name, phone number.
- Standard payment terms are Net 30 days.

**PURCHASE ORDER TERMS & CONDITIONS**

[www.novell.com/customercenter/purchasing/index.html](http://www.novell.com/customercenter/purchasing/index.html)

TAX REPORTING					
* <b>Taxpayer ID #</b> (req'd in USA)	<i>(example: Federal Tax ID #, SSN, GST, RFC or ABN)</i>				
* <b>Supplier Name</b>					
* <b>Business Name</b> (if different)	<i>(example: Doing Business As - DBA, or Trading As - TA)</i>				
<b>Is Supplier a relative or friend of an employee, director, officer or shareholder of Novell, Inc.?</b>	<input type="checkbox"/> Yes (please describe) <input type="checkbox"/> No				
<b>Minority Data</b> <i>(for USA only -- check all that apply)</i>	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> African-Am	<input type="checkbox"/> Asian	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Native American	<input type="checkbox"/> Small Business	<input type="checkbox"/> Woman	<input type="checkbox"/> Other:	
NOVELL SHOULD SEND PURCHASE ORDERS TO:					
* <b>Contact Name / Title</b>					
* <b>Phone / Fax / EMail</b>	<b>TEL:</b>	<b>General Communication Email Address:</b>			
	<b>FAX:</b>				
<b>Address</b> * (complete address including postal code & country information)					
NOVELL SHOULD SEND PAYMENTS TO:					
* <b>Contact Name / Title</b>					
* <b>Phone / Fax / EMail</b>	<b>TEL:</b>	<b>Remittance Email Address:</b>			
	<b>FAX:</b>				
<b>Address</b> * (complete address including postal code & country information)					