



ATTN: Accounts Receivable/Billing Department/Credit Department

As a valued supplier of the Lynden family of companies, please follow the guidelines below to ensure your invoices are processed completely and promptly.

1. All supplier invoices must be emailed as individual attachments to LyndenAPinvoices@Lynden.com. PDF format is preferred.

If an electronic version is not available, please mail to:

[Company Name]
Attn: Accounts Payable
PO Box 3996
Seattle, WA 98124

Please only send one copy of the invoice to prevent payment delays.

2. The invoice must indicate the company being billed, and the bill to and ship to addresses.
3. The purchase order number must be clearly visible on the invoice. In cases when a purchase order number is not provided, invoices must include the buyer name.
4. Invoices should be typed, but if this is not an option, they must be written legibly. Black ink on white paper is preferred, the print on the invoice should be horizontal, and the text must not overlap at any point.
5. For services provided, include supporting documentation if available.
6. Complete the attached Supplier Information Form, including the W-8 form and EFT Request Form for ACH payments.

Please ensure your branch locations are also aware of these requirements.

Questions related to Accounts Payable (contracts, terms, payment status) should be directed to: LyndenAPinvoices@lynden.com or (206) 444-4220.

Your prompt attention to this matter will prevent payment delays.

Thank you,

Lynden Incorporated
Accounts Payable

SUPPLIER INFORMATION FORM



1) Instructions

- Form must be completed in its entirety
- A completed W-9/ W-8 must be submitted with this form, if applicable.
- A completed EFT form must be submitted with this form for ACH payments
- Return all completed documents to LyndenAPIinvoices@lynden.com or fax to (206) 439-1254.

2) Type of request

- New supplier set up Change request

3) Supplier information

Legal name: _____

DBA: _____

Parent Company name (if applicable): _____

Remittance address:

Address line 1: _____

Address line 2: _____

City: _____ County: _____ State: _____ Zip Code: _____

Contact name: _____

Phone #: _____

e-mail: _____

Fax #: _____

1099 Type

- N/A Legal Rental
 Misc. service Medical

4) Socio-Economic status

NAICS Code: _____

Business type:

- Small Veteran Owned
 Hub Zone Woman Owned
 Minority Owned Alaska Native
 Service-disabled Veteran Owned N/A

5) Terms

Lynden's standard payment term is Net 30 days from date of invoice. If discounts are offered for earlier payments, please contact Lynden AP at LyndenAPIinvoices@lynden.com.

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

OMB No. 1545-1621

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.
 ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual W-9
- A person claiming that income is effectively connected with the conduct of a trade or business in the United States W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) W-8ECI or W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) W-8ECI or W-8EXP

Instead, use Form:

Note: These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.

- A person acting as an intermediary W-8IMY

Note: See instructions for additional exceptions.

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner	2 Country of incorporation or organization
3 Type of beneficial owner: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> International organization <input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private foundation	
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.	
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
5 Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
6 U.S. taxpayer identification number, if required (see instructions)	7 Foreign tax identifying number, if any (optional)
<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN	
8 Reference number(s) (see instructions)	

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

a The beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

b If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).

c The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).

d The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).

e The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article _____ of the treaty identified on line 9a above to claim a _____ % rate of withholding on (specify type of income): _____
 Explain the reasons the beneficial owner meets the terms of the treaty article: _____

Part III Notional Principal Contracts

11 I have provided or will provide a statement that identifies those notional principal contracts from which the income is **not** effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- 1** I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
- 2** The beneficial owner is not a U.S. person,
- 3** The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, **and**
- 4** For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here ▶

Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY) Capacity in which acting



BANKING INFORMATION (Canada)

Thank you for your business with Lynden. The requested information is necessary to set up your account for Electronic Fund Transfers (EFT). Please complete the form and send to LyndenAPIinvoices@lynden.com with a subject line of "EFT Transfer Form".

ACCOUNT HOLDER

NAME	
ADDRESS	

To receive a remittance advice:

REMITTANCE CONTACT (First/Last Name)	
REMITTANCE EMAIL	

(Note: Remittances for electronic payments are only available by email. Email will appear from sender LyndenAPRemit@Lynden.com. To ensure email transmission, please check your email filters to allow emails from this address.)

BANK & BRANCH INFORMATION

BANK NAME	
BANK ADDRESS	
BANK NUMBER	
TRANSIT NUMBER	
BIC/SWIFT CODE	

BANK ACCOUNT NUMBER	
CHECKING	SAVINGS

ADDITIONAL NOTES

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APPROVER NAME (PLEASE PRINT)	
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APPROVER SIGNATURE	
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TITLE	
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DATE	
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Lynden Inc. and Subsidiary Companies

- Alagnak Holdings, LLC
- Alaska International Holdings Inc.
- Alaska Marine Lines, Inc.
- Alaska Marine Trucking, LLC
- Alaska West Express, Inc.
- Arctic Logistics, Inc.
- Bering Marine Corporation
- Brown Line, LLC
- Canadian Lynden Transport Co.
- Douglas Management Company
- Knik Construction Co., Inc.
- Louisiana Shoreline Solutions, LLC
- LTI, Inc dba Milky Way
- Lynden Air Cargo, LLC
- Lynden Air Cargo (PNG) Ltd.
- Lynden International dba Lynden Air Freight
- Lynden Canada Co.
- Lynden Incorporated
- Lynden International Logistics Co.
- Lynden Logistics, Inc.
- Lynden Marine Leasing, LLC
- Lynden Puerto Rico, Inc.
- Lynden Services, Inc.
- Lynden Tank Company dba Bowhead Equipment Company
- Lynden Transport, Inc.
- Movers Inc.
- Naknek Barge Lines
- Nana/Lynden Logistics, LLC
- Northland Services
- Nunalista Sand & Gravel J.V.
- Swan Bay Holdings, Inc.