



## Counterparty Data Information Sheet

(Please legibly complete the information and **sign below**)

Counterparty Parent Company Name:	
Parent Tax ID Number:	
Parent DUNS Number:	
Counterparty (Billable)/DBA Name:	
Federal Tax ID Number (W9/W8 Required):	
Specific Location DUNS Number:	
Physical Address (Street, City, ST, & Zip):	
Remittal Address (Street, City, ST, & Zip):	
Remittal Email for Electronic Payments:	
Business Website:	
Do you have a MSA with Enterprise?	YES or NO (Circle One)

	Please complete if you are being paid by Enterprise Products and/or its subsidiaries (If left blank payment will be submitted by check)
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<b>SUPPLIER INFORMATION:</b>	
Bank Name:	
Account Name:	
Account #:	
ABA #:	
IBAN:	
Swift:	
Intermediary Bank Info:	
<b>Owner/Officer Signature: (REQUIRED)</b>	
Printed Name:	
Title:	

<b>DRAFT CUSTOMER INFORMATION:</b>	Please complete if you are electing for Enterprise Products to draft your bank account
Bank Name:	
Account Name:	
Account #:	
ABA #:	
<b>Owner/Officer Signature: (REQUIRED)</b>	
Printed Name:	
Title:	

<b>CONTACT INFORMATION:</b>	<b>NAME</b>	<b>PHONE</b>	<b>FAX/EMAIL</b>
Accounting:			
Commercial:			
Contract/Legal:			
Credit:			
Procurement/PO:			
Scheduling:			
Other:			

<b>Counterparty Representative Signature: (REQUIRED)</b>	
Printed Name:	
Title:	
Date:	