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# E-Invoicing Information Form

Please complete this form and return by email to [SupplierSupport@Whiting.com](mailto:SupplierSupport@Whiting.com) or via fax at 720.644.3640.

## Company Information (Please enter Legal Name and Address)

Legal Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Remittance Address (If different from above address)

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Accounts Receivable Contact (Person in your organization responsible for handling invoices)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## E-Invoicing Contact (Please use if there is a separate contact for E-Invoicing in your organization)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Are you a registered supplier with ADP OpenInvoice?

Yes  No  (Only enter Yes if you are currently doing electronic invoicing with ADP)

If Yes, provide submission type—Direct Entry, LIDO, B2B: \_\_\_\_\_

## Are you using a Factoring Company?

Yes  No

If Yes, Provide contact information: \_\_\_\_\_

**PLEASE NOTE: The following documents **must** accompany this enrollment form.**

1. Enrollment Form for ADP Open invoice
2. Current W9

3. Copy of an open Invoice for Whiting Oil & Gas, ready for payment to verify the remit to address