



I, _____ in my capacity as _____ of

_____ with offices at:

(Company Name)

(Company Address)

(City, State, Zip)

attest that the following individuals are authorized to provide, update, amend and revise banking information and payment instructions on behalf of the Company in connection with any and all transactions with Lowe's Companies, Inc. or its subsidiaries (collectively, "Lowe's"). These instructions include, but are not limited to, bank routing and account information, 820 instructions, and physical addresses for payment.

<u>Vendor #</u>	<u>[REQUIRED-Insert individuals' names]</u>	<u>Email Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing form and using the LowesLink® system, the Company agrees to the terms and conditions which may be amended from time to time and may be found at

http://www.loweslink.com/llmain/pubdocuments/ctpVFI_Terms_Conditions.pdf

**Do not submit this form until each user listed has a LowesLink® registration and have requested access to the Vendor Financial Information application.

If you are NOT a registered LowesLink® user go to (<http://www.loweslink.com> "Click here to register" and complete the registration process.

Signed By: _____
(Owner, Partner, Executive, Authorized agent)

Printed Name: _____

Title: _____

Date: ____ / ____ / ____

Phone: (____) _____ - _____

Fax: (____) _____ - _____

Email: _____

Loweslink User Name _____

Fax form to: 877-856-6061 or Email to EFTSetup@Lowe.com