

Markel vendor profile form US and Bermuda

Markel's standard payment terms are net – 30

Vendor information

Vendor name: _____

Legal name: _____

Remit address: _____

City: _____ State: _____

Zip code: _____ Country: _____

Federal taxpayer id: _____ Key Markel contact: _____

Bank information

We agree to our disbursements being paid via ACH and deposited in the following bank account:

Account type: Checking Savings

Bank name: _____

Account number: _____ ACH routing number: _____

Currency: _____ Accounts Receivable email: _____

I hereby authorize Markel Corporation, ID#54-0292420, hereinafter called company, to initiate credit entries to my bank account as indicated above and the bank named above, to credit the same such account and in the event a credit is made to my account in error, I authorize company to make a correcting entry under the condition that I am notified of said adjustment. This authorization will remain in full force and effect until the company has received written notification of its termination. I understand that my electronic signature is legally binding and constitutes my legal signature.

Date: _____ Authorised signer: _____

Day/month/year

Title: _____

Submit

If you have any questions please contact global.disbursements@markel.com

This section to be completed by Markel

Account status: Set up new account Change account profile

Vendor #: _____

Vendor class: _____

Vendor category: _____

Income code: _____

Pay group: _____

Requestor name: _____

