



Updating Remit Address/Email

About this Guide

This guide is intended to show suppliers how to update/change their remit address/remit email address

This guide contains the following sections:

Completing an Information Change Request





Completing the Information Request Form:

1.) Click the word Notifications in the top right corner

·						1 3						
森cou	pa suppl	ierporta	ıl							NOTI	FICATIONS 1 HELP	~
\bigcirc	Invoices	Orders	Profile	Payments	Setup	Service/Time Sheets	ASN	Sourcing	Forecasts	Catalogs	More	
.) Click	on th	e Me	ssage	e in blu	e lab	eled "Upda	te yo	our pro	ofile for	⁻ Flynr	n Group"	
Mv	Notifi	ations								Not	ification Preferences	

My Notifications		Notification Preferences
View All 🗸		
0	Message	Received
	Update your profile for Flynn Group	10/02/24 07:48 PM
	Delete	Mark as Read

3.) Under the current RTA status change the status from active to inactive

If a new RTA is being created, ensure that the old RTA is inactivated using the RTA Status Field as below	0	If a new RTA is being created, ensure that the old RTA is inactivated using the RTA Status Field as below
RTA Status		RTA Status
Active	_	Inactive
Active		Active
Inactive		Inactive

4.) Click the Add Remit to button

Remit-To Addresses

Add Remit-To

Add one or more Remit-To Addresses by either filling out a new Compliant Invoicing Form or choosing an Existing Remit-To Address.

5.) Click Add Payment Method

×
How would you like to be paid?
All Methods Bank Transfers Checks Credit Cards
Flynn Group supports Credit Cards, Bank Transfers, Checks Payments.
Currently, there are no valid accounts available for your selection

8





- 6.) If you have your multiple authentication option turned on, please enter the6- digit code sent to the Authenticator App/phone number provided whenyou created your account or use the authenticator app and click ok.
- 7.) Under Where's your business located?, enter your business's legal name in the box located the right of Legal Entity Name. Click on the drop-down box located the right of County/Region, scroll down and click on United States, click continue

Where's your busin	ess located	?
Setting up your business details in Coupa will help you m requirements. For best results with current and future cus possible.	eet your custor tomers, comple	ner's invoicing and payment ete as much information as
1 * Legal Entity Name 2 * Country/Region	~	This is the official name of your business that is registered with the local government and the country/region where it is located.
		Cancel Continue





8.) Under the page labeled Tell your customers about your organization. Enter in your remit address, if your computer auto populates your address you will need to manually select the State option, enter in your tax ID with dashes. Once entered click the blue Save and Continue button.

	Tell your customers abo	ut your o	organization	
Which customers	do you want to see this?			•
All				
Z Flynn	Group 💼			
What address do	you invoice from?			
1 * Address Line 1		•		
2 • City			REQUIRED FOR	
3 State	Select an Option	•	INVOICING	
4 * Postal Code			Enter the registered address of	
Country/Region	United States		location where you receive	
			government documents. 🕖	
	Use this address for Remit-To			
What is your Tax	ID? 🕖			
Country/Region	United States	~]:		
5 Tax ID				
<u> </u>	I don't have Tax ID Number			
	Add additional Tax ID			
Miscellaneous				
Miscellaneous				
Invoice From Code			_	_
Preferred Language	English (US) 🗸		6	-
			Cancel Save & Continu	-

- 9.) On the page labeled Where do you want to receive payment:
 - a. **If you currently receive payment via check**, click on the drop down located next to Payment type and click on **Address**. If Remit Address if correct click on the blue Save and Continue button.

	Where do you	u want to receiv	e payment?	×
		1 2 3 4		
* Payment Type	Address 🗸			^
What is your Re	Address ?			
Ad	Bank Account			
	Virtual Card			
	ostal Code 12345			
Сон	try/Region United States			•
			Cancel	Save & Continue





b. **If you currently receive payment via ACH**, click on the drop down located next to Payment type and click on **Bank Account**. Enter the state where your bank is located, Bank's name, account number, confirm account number, ACH routing number. If you do not have access to your bank's Wire/SWIFT information, please click on the check box labeled "My bank does not have a BIC code. Once the information has been filled out, click on the blue Save and Continue button.

* Payment Type Bank Acco	unt 🗸			•
What are your Baddress	etails? 🕧			
Lan Bank Acco	States	~		
2 State:	Select an Option	Ŧ		
Bank Account Currency:	USD	~		
Beneficiary Name:	EXAMPLE VENDOR			
3 Bank Name:		_		
		_	•	
Confirm Account				
Number:		_		
ACH Routing Number:			0	
Wire Routing Number:			0	
SWIFT/BIC Code:			0	
7	My bank does not have a BIC code			
Branch Code:				
Bank Account Type:	Business	\checkmark		
Supporting Documents	Choose Files No file chosen			
Email Address			0	
Who is your Remit-To Co	ntact? (optional)		>	
What is your Remit-To Ac	idress?			
Address Line	1 123 STREET			
Cit	y CITY			
Stat	e OH			
Postal Cod	e 12345 n. United States			
country/hegio				•
•			8 *	
			Cancel Save & Continue	





c. If you currently receive payment via Virtual Card, click on the drop down located next to Payment type and click on Virtual Card. Enter a remit email address in the box located the right of Email Address. If your company processes credit card automatically, please click the appropriate check box. Once the information has been filled out, click on the blue Save and Continue button.

	1 2 3 4				
* Payment Type Virtual Card	~				•
Virtual Card information					
1 * Email Address					
Process credit cards automatically?					
What is your Remit-To Add	Iress?				
Address Line 1	123 STREET				
City	CITY				
State	ОН				
Postal Code	12345				
Country/Region	United States				۳
(2	•	
			Ζ		
		Cancel	Save & Co	ontinu	e

10.) On the page labeled Where do you want to receive payment, click the blue Next button.

	Where do you want t	o receive payment?	
Remit-To locations let your our locations, otherwise click Next	tomers know where to send payment for the	eir invoices. Click Add Remit-To to add more	Add Remit-To
Remit-To Account	Remit-To Address	Status	
Address	123 STREET CITY OH 12345 United States	Active	Manage
		Deactivate Legal Entity Ca	Incel Next





11.) On the page labeled Where do you want to ship goods from, click the blue Done button.

For many countries/regions in your legal entity is registered.	uding different shipping details on the invoice is required if they	are different to where	Add Ship From
itle	Status		
23 STREET ITY H 2345 Inited States	Active		Manage

12.) On the page labeled Setup Complete, click the blue Add Now button.

Setup Complete		
1 2 3 4		
Do you want to Add Remit-To Address to the custor	mer profile now?	
	Add Later	Add Now





13.) Under the Remit-to Address now that a remit address has been entered, click on the drop down located under payment type:

a. If you currently received payment via ACH

- i. Click on the drop down under Payment Type
- ii. Select from the two available terms options.
- iii. Under Remit To Contact Email enter a new good remit email address.
- iv. Under Remit To Phone Number, enter a good phone number in the format +1(XXX)XXX-XXXX.
- v. Under Account Type, enter either Checking or Savings
- vi. Check the box, labeled "Does the vendor accept these conditions?"

	RTA Status	
	Active	~
	* Payment Type	
	Select 🗸	
1	Net 60 via ACH 2%/20 Net45 via ACH Net 20 via AP Card (ePay) K Other	then select the applicable payment terms. Flynn's preferred Payment Type is ACH. erm combinations are not suitable for your business, select "Other" from the Payment Type drop down and rnn to review.
2	* Remit To Contact Email	0
3	* Remit To Phone Number	
	+1(XXX)XXX-XXXX is the required format.	
4	* Account Type	



1.) If you currently received payment via ePay

- vii. Click on the drop down under Payment Type, select the option Net 20 via AP Card (ePay)
- viii. Under Remit To Contact Email enter a new good remit email address.
 - ix. Under Remit To Phone Number, enter a good phone number in the format +1(XXX)XXX-XXXX.
 - x. Under Account Type, enter either Checking or Savings.
 - xi. Check the box, labeled "Will the vendor have the ability to accept MasterCard Payments?"
- xii. Check the box, labeled "Does the vendor accept these conditions?"

Active	~
* Payment Type	
Net 20 via AP Card (ePay)	* •
Net 60 via ACH	
2%/20 Net45 via ACH	
Net 20 via AP Card (ePay)	nd then select the applicable payment terms. Flynn's preferred Payment Type is ACH.
Other	term comprisations are not suitable for your pusiness, select. Other, from the Payment Type drop do Flying to review.
* Remit To Contact Email	
* Remit To Contact Email	0
Remit To Contact Email Remit To Phone Number	
Remit To Contact Email Remit To Phone Number +1(XXX)XXX-XXXX is the required	format.





2.) If you currently received payment via check.

- xiii. Click on the drop down under Payment Type, select the option Other
- xiv. Under Other Payment Method and Term, type in Check at preferred terms.
- xv. Under Remit To Contact Email enter a new good remit email address.
- xvi. Under Remit To Phone Number, enter a good phone number in the format +1(XXX)XXX-XXXX.
- xvii. Under Account Type, enter either Checking or Savings.

Other	× •
Net 60 via ACH 2%/20 Net45 via ACH Net 20 via AP Card (ePay) Other	nd then select the applicable payment terms. Flynn's preferred Payment Type is ACH. term combinations are not suitable for your business, select "Other" from the Payment Type drop down Plynn to review.
* Other Payment Method ar	id Term
* Remit To Contact Email	
Remit To Contact Email Remit To Phone Number	
Remit To Contact Email Remit To Phone Number +1(000)00X-3000X is the require	d format.



Completing the Information Request Form: Indemnification

- 1.) Review the Indemnification section
 - a.) Click the box located under Does the vendor accept these conditions?
 - b.) Enter your name and position in the text box below Name and title of individual accepting conditions on behalf of vendor

1	* Does the vendor accept these conditions?
	* Name and title of individual accepting conditions on behalf of vendor
2	





Completing the Information Request Form: Certificate of Insurance

- 1.) After filling out the Remit-To Address, you will need to add a **Certificate of Insurance** if applicable.
 - a. If you do not have Certificate of Insurance
 - 1. Select No drop the drop down
 - 2. Click the check box labeled "Does the supplier accept this condition?"

No	× •
Yes	
No	ge as required by the state in which the work will be performed, with Statutory Limits, and Employer's Liability Insur
141 1 1 1 1 1 1 1	
with minimum limit of a	1,000,00 per accident for bodily injury or disease.
with minimum limit of \$	1,000,00 per accident for bodily injury or disease.
with minimum limit of \$	1,000,00 per accident for bodily injury or disease.
with minimum limit of \$ If you do not have liabi	1,000,00 per accident for bodily injury or disease. ity insurance or do not provide the requested information you may not be approved as a supplier for Flynn Group
with minimum limit of \$ If you do not have liabi	1,000,00 per accident for bodily injury or disease. ity insurance or do not provide the requested information you may not be approved as a supplier for Flynn Group
with minimum limit of 3	1,000,00 per accident for bodily injury or disease. Ity insurance or do not provide the requested information you may not be approved as a supplier for Flynn Group
f you do not have liabi	1,000,00 per accident for bodily injury or disease. ity insurance or do not provide the requested information you may not be approved as a supplier for Flynn Group accept this condition?

b. If you do have a Certificate of Insurance select **Yes** and fill out the required information.

Please have Certificate Holder listed as:

Flynn Restaurant Group Attn: Risk 6200 Oak Tree Blvd Suite 250 Independence, OH 44131

	Certificate of Insurance	* Certificate of Liab	ility Insurance
		Effective Date	mm/dd/yy
* Add Certificate of Insurance	Select Ves	* Expiration Date	mm/dd/yy
	No	* Attachments	Add File
		Description	

Note that if you do not have a certificate of insurance you may not be approved as a supplier for Flynn. Please coordinate directly with Flynn for this matter.





Completing the Information Request Form: Tax Information

- 1.) The next fields you need to complete are the Tax Information/Registration fields.
- 2.) Under **Tax Information**, choose the type of organization that you have by clicking on the drop down below "**Organization Type**" (i.e., corporation, individual, partnership, etc).

Drganization Type		
Organization Type		
	~	
Corporation		
Foreign Corporation		
Individual		
Foreign Individual		
Partnership		
Foreign Partnership	-	

3.) Tax Registration

- a. Click Add Tax Registration
- b. Select United States from the drop down located to the right of County
- c. Enter your tax ID or Social Security number with dashes, is the text box located to the right of Number

e this section to add all your applicable tax registrations.
Add Tax Registration
Fax Registration
Country
~
Tax ID
Local





4.) Tax Certificate

- a. Select your tax type (W8 or W9)
- b. Click on the blue word File
- c. Click the blue word Browse to find your copy of your W8 or W9 to upload into Coupa

* Type			
		~	
* Attachme	ents		
* Attachm Add File	ents		
* Attachmo Add File Brows	ents	×	





Submitting the Information Request Form

1.) Once all information is completed, scroll to the bottom and click Submit for approval.

Dec	line	Save	Submit for Approval	

Once the Flynn team approves your account change it will reflect on your account. Ensure that all information is filled out in full and correctly to avoid delays and refusals. Note that although some Information is optional, Flynn strongly recommends you fill out all of the fields for a better user experience.