

Amazon Delivery Service Partner Onboarding Worksheet



First Name*

Last Name*

Email*

Who do you use as your payroll provider?*

What is the legal entity name of your DSP?*

What is the legal mailing address for your DSP?*

Street Address 1

Street Address 2

City

State

Zip

Who is the primary contact for Equifax to work with at your DSP for Unemployment Claims?*

First Name

Last Name

Email

Who is the secondary contact for Equifax to work with at your DSP for Unemployment Claims?*

First Name

Last Name

Email

What is your Federal Identification Number?*

What is your State Unemployment Insurance number?*

SUI #

State

What State is your SUI registered in?*

If you operate in Two or more States, what is your

second State Unemployment Insurance number?

SUI #

State

What state is your second SUI registered in?

If you operate in Three or more States, what is your

third State Unemployment Insurance number?

SUI #

State

What state is your third SUI registered in?

Do you have any other information to share with Equifax?

* Required fields