					New:	Update:	
(Umman)					Domestic	International	
Sunger							
		Vendor In	formation Form				
Include a signed W9 along with this Include a current copy of Certificate							
Is there a contract or agreement wit	h the vendor? If yes, pleas	e provide a copy o	f the agreement.				
Contract	Yes	No					
Vendor Name:							
Trade Name (Doing Business As):							
ETIN:							
Product or Service Offered:							
Company Address			Remitt	tance Address	Check box if sam	e as Company Address	
Line 1			Line 1				
Line 2			Line 2				
City			City				
	Zip		State		Zip		
State	Zip						
	Σίμ		Countr	ту			
Country			Countr	Υ			
Country  Payment Terms/ Special Arrangements:			Countr	У			
Country  Payment Terms/ Special Arrangements: Terms:			Countr		ase attach a conv	of hanking informatio	n
Country  Payment Terms/ Special Arrangements: Terms: Payment Method:			Countr		ase attach a copy	of banking informatio	n
Country  Payment Terms/ Special Arrangements: Terms: Payment Method: Credit Limit:		No.		If ACH, ple	ase attach a copy	r of banking informatio	n
Country  Payment Terms/ Special Arrangements: Terms: Payment Method: Credit Limit:		No			ase attach a copy	r of banking informatio	n
Country  Payment Terms/ Special Arrangements: Terms: Payment Method: Credit Limit: Accepts CC:		No		If ACH, ple	ase attach a copy	r of banking informatio	n
Country  Payment Terms/ Special Arrangements: Terms: Payment Method: Credit Limit: Accepts CC:  Vendor Contact Information:		No .		If ACH, ple	ase attach a copy	r of banking informatio	n
Payment Terms/ Special Arrangements: Terms: Payment Method: Credit Limit: Accepts CC: Vendor Contact Information: Sales or Other Name:		No No		If ACH, ple edit Card Fee:	ase attach a copy	_	n
Payment Terms/ Special Arrangements: Terms: Payment Method: Credit Limit: Accepts CC: Vendor Contact Information: Sales or Other Name: Customer Service Name:		No No		If ACH, ple edit Card Fee: Phone:	ase attach a copy	Fax:	n
State Country  Payment Terms/ Special Arrangements: Terms: Payment Method: Credit Limit: Accepts CC:  Vendor Contact Information: Sales or Other Name: Customer Service Name: Accounts Receivable Name: Email Address:		No .		If ACH, ple edit Card Fee: Phone: Phone:	ase attach a copy	Fax:	n
Payment Terms/ Special Arrangements: Terms: Payment Method: Credit Limit: Accepts CC:  Vendor Contact Information: Sales or Other Name: Customer Service Name: Accounts Receivable Name:		No .		If ACH, ple edit Card Fee: Phone: Phone:	ase attach a copy	Fax:	n

Title

Date

Internal Use Only Requested By: Name

Dept. Taxable: Tax Exempt: