



New:	Update:
Domestic	International

## Vendor Information Form

Include a signed W9 along with this form, N/A if vendor is international

Include a current copy of Certificate of Insurance, N/A if vendor is international

Is there a contract or agreement with the vendor? If yes, please provide a copy of the agreement.

Contract

Yes ☐

No ☐

Vendor Name:

Trade Name (Doing Business As):

ETIN:

Product or Service Offered:

### Company Address

Line 1

Line 2

City

State

Zip

Country

### Remittance Address

Check box if same as Company Address ☐

Line 1

Line 2

City

State

Zip

Country

### Payment Terms/ Special Arrangements:

Terms:

Payment Method:

Credit Limit:

Accepts CC:

Yes

No

If ACH, please attach a copy of banking information

Credit Card Fee:

### Vendor Contact Information:

Sales or Other Name:

Customer Service Name:

Accounts Receivable Name:

Email Address:

Phone:

Fax:

Phone:

Fax:

Phone:

Fax:

### Special Notes/Instructions:

### Internal Use Only

#### Requested By:

Name

Dept.

Title

Purpose

Date

Taxable:

Tax Exempt: