



Vendor Request Form

Please allow 7-14 business days to create an account. Please complete the attached W-9 form.

NOTE: A SIGNIFICANT DELAY WILL OCCUR IF THE FORM IS NOT FILLED OUT AS REQUIRED.

Requested by:

Date:

VENDOR CONTACT INFORMATION

Full legal name of vendor:

Address:

City:

Providence / State:

Postal / Zip Code:

Contact:

Email:

Phone:

Fax:

VENDOR REMITTANCE INFORMATION (IF DIFFERENT FROM ABOVE)

Full legal name of vendor:

Attention:

Address:

City:

Providence / State:

Postal / Zip Code:

Contact:

Email:

Phone:

Fax:

ORDERING INFORMATION

Full legal name of vendor:

Address:

City:

Providence / State:

Postal / Zip Code:

Contact:

Email:

Phone:

Fax:

Vendor Type:

(What are we buying? Service, consulting, equipment, etc)

Additional Notes:

Vendor Request Form - Banking Information

Note: The Contact Information page is to be completed and submitted prior to, or at the same time, as the banking information to be processed and added into the system.

Requested by: _____ Date: _____

VENDOR CONTACT INFORMATION

Full legal name of vendor: _____
Address: _____ Contact: _____
City: _____ Email: _____
Providence / State: _____ Phone: _____
Postal / Zip Code: _____ Fax: _____
Tax ID Number: _____
Company Website: _____

FINANCIAL INSTITUTION INFORMATION (USA and Canada Domestic Payments)

Bank Name: _____
Street Address: _____
City: _____
Providence / State: _____
Postal / Zip Code: _____
Routing / ABA Number: _____
(ACH / EFT only)
Bank Account Number: _____
Bank Account Currency: _____
Transit Number: _____ Branch Number: _____
(CANADA only) (CANADA Only)

Any incurred banking fees are the responsibility of the vendor.

INTERNATIONAL PAYMENT ONLY (Outside of USA and Canada)

Bank Name: _____
Street Address: _____
City: _____
Providence / State: _____
Postal / Zip Code: _____
Bank Account Currency: _____
Swift Code: _____ Intermediary Bank Name: _____
(If Required)
IBAN Account: _____ Intermediary Bank Swift Code: _____
(If Required)

Any incurred banking fees are the responsibility of the vendor.

AUTHORIZED OFFICER INFORMATION

First Name: _____
Last Name: _____
Title: _____

Signature

Date (mm/dd/yyyy)

The payment will be issued according to the currency in which they have been invoiced, if the bank account is in a different currency any exchange rate difference will be responsibility of the company to which the payment is being made.

Standard payment terms are net 30 days after receipt of a valid invoice.

Important Disclosure: countries may have currency requirements that go beyond basic routing. If that is the case for your country or origin, please supply full routing confirmation as provided by your bank (confirmation letter with completed routing instructions).

