

VENDOR SET UP FORM

A. Business Mailing Address (General) (Name must match TIN records – only one TIN per form)	
New Vendor New Bank Information	Change Bank or Vendor Information
Name	
Address	
REMIT Address	
City	
Payment Terms	Broker#
B. Purchase Order Contact Information	
Contact Name	
Email Address	
Phone -	FAX - -
C. Tax Identification Number Note: Enter Federal ID name exactly as shown on your SS-4 (Corporate)	
Federal ID Name	
Federal ID #	
PLEASE SEND OR ATTACH W-9 FORM AND SUPPORTING DOCUMENATION	
USE THIS SECTION IF YOU WOULD LIKE PAYMENTS SENT ELECTRONICALLY. D. ACH Financial Institution Information NOTE: Do not use ' ,' '' '*,' or '~' in any fields in this section. Replace with spaces.	
APA Pouting #	
ADA KUUUIIU #	
ABA Routing #	
Customer Acct #	 <u> </u>
Customer Acct #	
Customer Acct #	Date
Customer Acct #	
Customer Acct #	
Customer Acct # Financial Institution Name Remit Email Address Submitted By & Title	Date
Customer Acct # Financial Institution Name Remit Email Address Submitted By & Title UCARE USE ONLY Entered by	Date
Customer Acct # Financial Institution Name Remit Email Address Submitted By & Title	Date