



# NEW VENDOR SETUP FORM

## General Information

Scope of work:

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Key Contact Personnel

Name & Title: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Payable Information

Remit-To-Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Accounts Receivable Contact: \_\_\_\_\_

Please attached the following:

- \_\_\_ Form W-9
- \_\_\_ Credit Application (if applicable)
- \_\_\_ Certificate of Insurance/Workers Comp (If applicable)

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