



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: _____ Net Payment: _____

Please attach the following:

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

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