

## VENDOR SETUP FORM/AGREEMENT



### Vendor Information

Vendor Name

Vendor Address 1

Vendor Address 2

City

State

Zip Code

Country (if applicable)

Primary Contact Name

Contact Email Address

Contact Telephone No.

Contact Fax No.

Tax Identification No.

W-9 Attached (Yes/No)

COI(s) Attached (Yes/No)

Remittance Address  
(if different from above)

City

State

Zip Code

Country (if applicable)

### EFT Banking Information

Bank Name

Routing No.

Account No.

Date

### Vendor/Subcontractor Compliance Acknowledgment

The Company's Vendor Management Program Guidelines are hereby incorporated by reference and as such, the Vendor or Subcontractor agrees to abide by these guidelines and requirements contained therein while in the service as a Vendor or Subcontractor of the Company.

Type of Business Entity:

Corporation, Individual/Sole  
Proprietor, Partnership, Other

Authorized Vendor/Subcontractor Signature

Date

Signator Name (Printed)

### **Internal Use Only**

Date Approved

Vendor Master Account No.