



Vendor Set-Up & Remittance Form

Office Use: Class ID: _____ Vendor ID: _____
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General Information:

Name: _____
 Address Line 1: _____
 Address Line 2: _____
 City: _____
 State, Zip: _____

Primary Phone: _____
 Primary Fax: _____

Do you require a 1099?
 Yes, No

Payment/Remittance Information:

Terms: NET 30 _____
 Pay To Name: _____
 Address (if different): _____
 Address Line 2: _____
 City: _____
 State, Zip: _____

For ACH attach a copy of a voided check so we can verify your information.

Additionally, you will need to provide the name of 1 person who can verify the Routing#/Account# via a phone call from our accounting department.

For Checks

For ACH

Bank Name: _____
 Bank Address: _____
 Contact for Verify: _____
 Phone#: _____

Routing#: _____

Account#: _____

Office Use: Verified by: _____ Date: _____ Voided Check attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Accounting Contact:

Name: _____
 Phone: _____

Email: _____
 Fax: _____

Additional Contacts

Name: _____
 Phone: _____

Email: _____
 Fax: _____

Name: _____
 Phone: _____

Email: _____
 Fax: _____