



Date

Client Profile - Business Partner Validation

CLIENT INFORMATION

COMPANY / FIRM NAME	ALTERNATE NAME (DBA)	TAX ID NUMBER (FEIN or SSN)

CONTACT NAME	TITLE	CLIENT ID (If Applicable)
Phone (M) <input type="text"/>	Normal Hours of Operation <input type="text"/> AM <input type="text"/> PM to <input type="text"/> AM <input type="text"/> PM After Hours Contact: <input style="width: 150px;" type="text"/>	<input type="checkbox"/> EDT <input type="checkbox"/> CDT <input type="checkbox"/> MDT <input type="checkbox"/> PDT
Phone (O) <input type="text"/>		
Fax <input type="text"/>		
E-Mail <input type="text"/>		

CLIENT MAIN ADDRESS	PAYMENT ADDRESS (If Different than MAIN Address)
Street Address <input type="text"/>	Street Address <input type="text"/>
Address #2 <input type="text"/>	Address #2 <input type="text"/>
City <input type="text"/>	City <input type="text"/>
State <input type="text"/>	State <input type="text"/>
Zip Code <input type="text"/>	Zip Code <input type="text"/>

ORGANIZATION TYPE		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership / Limited Partnership	<input type="checkbox"/> Individual / Sole Proprietor
<input type="checkbox"/> LLC	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Non-Profit

BUSINESS PARTNER VALIDATION	
CREDIT: <input type="text"/>	
CREDIT REPORT: <input type="text"/> D&B <input type="text"/> CHAMBER OF COMMERCE <input type="text"/> YEARS IN BUSINESS <input type="text"/>	
CERTIFICATIONS: <input type="text"/> List on seprate page	Notes: <input style="width: 150px;" type="text"/>
COMMERICAL REFS: <input type="text"/> Provide 3 on seprate page	
WEBSITE: <input type="text"/>	

BANK INFORMATION	OFFICER	CONTACT INFO

INTERNAL USE ONLY

TYPE(s) of SERVICES / PRODUCTS VENDOR IS BEING CONSIDERED FOR:

IS AN AUDIT REQUIRED TO APPROVE THIS VENDOR?

Yes	No	If Yes, Date of Proposed Audit
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>

APPROVALS

CEO Date

General Manager Date