



VENDOR APPLICATION

Date

VENDOR INFORMATION

COMPANY / FIRM NAME	ALTERNATE NAME (DBA)	TAX ID NUMBER (FEIN or SSN)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

ORGANIZATION TYPE

Corporation
 Partnership / Limited Partnership
 Individual / Sole Proprietor
 LLC
 Joint Venture
 Non-Profit

TERMS

Net Terms Days

Payment Methods Accepted EFT Purchasing Card (Credit / Debit) Check

BANKING INFORMATION

ROUTING NUMBER

ACCOUNT NUMBER

Notes:

REQUESTOR'S NAME	COMPANY	DATE REQUEST RECEIVED
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 type="text"/>

APPROVALS

CEO Date

General Manager Date