

Accounts Payable Vendor Request Form

Email completed form to djk@sppa.com

Type of Request	<input type="checkbox"/> Add New Vendor <input type="checkbox"/> Update Existing Vendor (Current Vendor # _____) <input type="checkbox"/> Add Remit Address
Legal Name	
DBA (if applicable)	
Checks Payable To	

General Information

Address				
City				
State		Zip Code		County
Telephone		Fax		
Company Website				
Email Address				

Ownership Type (optional)

Ownership <small><i>Check all that apply</i></small>	<input type="checkbox"/> Minority Owned <input type="checkbox"/> Small Business <input type="checkbox"/> CERT Program Vendor <input type="checkbox"/> Women Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Choose not to answer
---	---

Tax Identification Information (form will not be processed without this information; W-9 must be attached)

Type of Entity	<input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Other <input type="checkbox"/> Sole Proprietor										
Federal Tax ID	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			-							
		-									
OR											
Social Security Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			-		-					
		-		-							

1099 Information (required if 1099 Vendor)

Income Code <small><i>Select One</i></small>	<input type="checkbox"/> Medical <input type="checkbox"/> Other Income <input type="checkbox"/> Gross Proceeds to Attorneys <input type="checkbox"/> Non-Employee <input type="checkbox"/> Rent Payments
---	---

Remit Payment To (if different from above)

Address				
City				
State		Zip Code		County
Email Address				

Accounts Receivable Contact Information

Contact Name	Title	
Telephone	Fax	
Email Address		

Payment Terms

Payment Term Options <small><i>Select One</i></small>	<input type="checkbox"/> 1% 10 Net 30 <input type="checkbox"/> 2% 10 Net 30 <input type="checkbox"/> Net 30
--	---

Internal Use Only

<input type="checkbox"/> New Vendor <input type="checkbox"/> Amend Vendor	Vendor ID	Supplier Number	Entered By	Date
--	-----------	-----------------	------------	------