



## Vendor Information Form

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### **Vendor:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

DUNS ID: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Terms: \_\_\_\_\_

### **EFT Information:**

Account Type: \_\_\_\_\_ (Checking/Savings)

Bank Account: \_\_\_\_\_

Routing No: \_\_\_\_\_

Voided Check Attached: \_\_\_\_\_ Y \_\_\_\_\_ N

### **Contact(s):**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_