

# Vendor Set-up Form



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

Address - Remit to: \_\_\_\_\_

Address - Physical: \_\_\_\_\_

Accounts Receivable - Phone Number: \_\_\_\_\_

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

Accounts Receivable Contact: Name: \_\_\_\_\_

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

## Form of Payment Accepted:

Credit Card - E-Pay

Check

## Required Vendor Documentation:

Type of work performed: \_\_\_\_\_

On-site: Yes:  No:

Certificate of Insurance required for on-site services. Was it provided? Yes:  N/A:

W9 is required. Was it provided? Yes:  No:

### OFFICE USE ONLY

Requesting Dept/Employee: \_\_\_\_\_

Vendor number: \_\_\_\_\_ Accounting: \_\_\_\_\_

Date: \_\_\_\_\_

**Form must be on file before payment can be released. All information is required.**

**Mail to:** Accounting, P.O. Box 6210 • Bella Vista, AR 72714