
ACCOUNTING VENDOR REQUEST (New or Modified Change)

REQUEST TYPE:
(Other) explain

VENDOR NAME / CHANGES

CURRENT VENDOR NAME:
(If applicable)

NEW VENDOR NAME:

VENDOR ID (if applicable):

ADDRESS:

Address (Line 2):

City:

State:

Zip Code:

NEW PMT ADDRESS YES NO

REPLACES EXISTING PMT ADDRESS? YES NO

If YES, please list (e.g., PMT1, PMT2)

DEFAULT ADDRESS YES NO

MODIFY DEFAULT ADDRESS FROM? - TO?
(e.g., From PMT1 to PMT2)

ADDITIONAL INFORMATION

CASH ACCOUNT TYPE:

TAX ID NUMBER (TIN) / SS#:

W9 / W8 ATTACHED? YES NO
If NO, explain?

REQUESTED BY:

BANK INFORMATION

COMPANY / PERSON (NAME):

BANK NAME :

ACCOUNT TYPE ROUTING / ACH NUMBER ACCOUNT NUMBER:

IBAN#:

COMMENTS:

SIGNATURE:
