DDC FORM: AP-01A

VENDOR MAINTENANCE REQUEST

Vendor Name _____ **Date** _____

REQUIRED FOR VENDOR MAINTENANCE SETUP

Purchase From Address _____

_____

_____

If different than Purchase From

Remit To _____

_____

_____

Phone _____

Remit email _____

Payment Terms Requested _____

Federal Tax ID #
(Completed W-9 Required) _____

☐ **Report 1099-MISC (Check Box):**
Check Box if Individual/Sole Proprietor, Partnership or Limited Liability Company LLC

CHECK ONLY ONE

☐ ADD VENDOR

☐ CHANGE/UPDATE

Banking Information:

☐ ACH

☐ WIRE

BANK NAME:_____

ADDRESS:_____

ROUTING # _____

ACCOUNT #_____

Bank details must be submitted on company letterhead

REQUIRED SIGNATURES

_____ _____

Accounts Payable Date

_____ _____

VP of Finance/ Controller/President Date

INTERNAL USE ONLY

Vendor ID _____

Date Received_____

Date bank information verified_____

Accounts Payable Signature_____

Accounting Manager Signature_____

VP of Finance Signature_____