

## Accounts Payable Vendor Request Form

Email completed form to [dsf@sppa.com](mailto:dsf@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>Check all that apply</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; text-align: center;"> <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; text-align: center;"> <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>			-		-					
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### 1099 Information (required if 1099 Vendor)

Income Code <small>Select One</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
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### 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>Select One</small>	<input type="checkbox"/> 1% 10 Net 30 <input type="checkbox"/> 2% 10 Net 30 <input type="checkbox"/> Net 30
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### Internal Use Only

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