

Accounts Payable Vendor Request Form

Email completed form to usmf-business-support@usmd.edu

1.	Type of Request	<input type="checkbox"/> Add New Vendor (1099) complete entire form where applicable attach W-9/W-8BEN <input type="checkbox"/> Update Existing Vendor Name and/or Address _____ <input type="checkbox"/> Add New Vendor reimbursement ONLY Complete Sections 1 & 2 only.			
	Legal Name				
	DBA (if applicable)				
	Checks Payable To				

General Information

2.	Address					
	City					
	State		Zip Code			
	Telephone					

Tax Identification Information (form will not be processed without this information; W-9 must be attached)

3.	Type of Entity	<input type="checkbox"/> Corporation <input type="checkbox"/> Partner <input type="checkbox"/> Other (see Instructions) <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Individual/Sole Proprietor										
	Federal Tax ID			-								
	OR											
	Social Security Number				-			-				

1099 Information (required if 1099 Vendor)

4.	Classification <small>Select One</small>	<input type="checkbox"/> Student Award/Direct Scholarship <input type="checkbox"/> Contractor <input type="checkbox"/> Non-Employee	
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Remit Payment To (if different from above)

5.	Address					
	City					
	State		Zip Code		County	
	Email Address					

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	Entered By	Date	
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