Vendor Maintenance Form

United States

for International Vendors

**\*\* all fields must be completed in print letters\*\***

***Request type:*** X New (Attach Invoice & W-8) □ Change (Attach Vendor Request or Invoice)

|  |
| --- |
| ***Identifying Information*****Vendor Name**: ENTER YOUR NAMEClassification: □ Attorney X Employee (ID ENTER HERE ) □ HCM □ Outside Party □ Teacher □ Student**TAX REGISTRATION**  Country: ENTER Tax Registration ID: ENTER  *(ABN, GST, USTIN, VAT or other)* |
| ***Remittance Address*** Address: ENTER Address: ENTER City: ENTER State/Province/Territory: ENTER  Country: ENTER Postal Code: ENTER  |
| ***Contact Information***  Name: ENTER Title: ENTER  Phone: ENTER Fax: ENTER  Email: ENTER  |
| ***Bank Information (Required)*** Currency (choose one): □ USD □ EUR □ GBP □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank Name: ENTER  Branch Name: ENTER Country: ENTER  Bank Account Beneficiary Name: ENTER  Bank ID *(ABA, BSB, Sort Code)*: ENTER Bank Account Number: ENTER  Swift Code (BIC): ENTER IBAN Number: ENTER  CLABE *(for banks in Mexico)*: IF APPLICABLE, ENTER  |
| Payment Terms:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Submitted by: ENTER Date: ENTER

|  |
| --- |
| **A/P Use** Assigned by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Short Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vendor Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Set ID: \_\_\_\_\_\_Procurement Terms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Addl. Procurement Opt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pay Group: □ Domestic □ International |

\*\*All vendors are net 30 unless otherwise approved by Treasury\*\*