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)

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| ***Identifying Information***  **Vendor Name**: ENTER YOUR NAME  Classification: □ 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

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| **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\*\*