

# Vendor Profile Form

## Vendor Information

Vendor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Vendor Service Details

Service Provided: \_\_\_\_\_  
Tax ID: \_\_\_\_\_ Payment Terms NET: \_\_\_\_\_ 1099 :  Yes  No  
\*Vendor profile forms must be accompanied by a W9\*  
Contact Person: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Any relationship to Vendor by anyone in Company:  Yes  No  
If Yes, Please explain: \_\_\_\_\_

INTERNAL USE (OPERATIONS DEPARTMENT ONLY)

Requested by (Print Name): \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*\*\*No orders for Merchandise or service are to be made prior to vendor approval\*\**

INTERNAL USE (ACCOUNTING DEPARTMENT ONLY)

Entered in System  Yes, Date: \_\_\_\_\_ Added to Approved vendor list by: \_\_\_\_\_  
Approved By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

