

Vendor General Information Registration Form

Please complete all sections in block letters. This form is for registration and printing purposes.

Company Identification

Legal Company Name:	<input type="text"/>
Operating / DBA Name:	<input type="text"/>
Tax Identification Number / Business Reg No:	<input type="text"/>
Type of Business (e.g., Corporation, LLC, Sole Proprietor):	<input type="text"/>
Industry / Category of Goods or Services:	<input type="text"/>

Address Information

Street Address:	<input type="text"/>
Suite / Unit / Office:	<input type="text"/>
City:	<input type="text"/>
State / Province / Region:	<input type="text"/>
ZIP / Postal Code:	<input type="text"/>
Country:	<input type="text"/>

Primary Contact Information

Full Name:	<input type="text"/>
Job Title:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Company Website:	<input type="text"/>

Payment and Financial Details

Preferred Payment Terms (e.g., Net 30):	<input type="text"/>
Preferred Payment Method (e.g., ACH, Wire, Check):	<input type="text"/>
Preferred Currency:	<input type="text"/>

Internal Verification (For Office Use Only)

Approved By:	<input type="text"/>	Date:	<input type="text"/>
Assigned Vendor ID:	<input type="text"/>	Signature:	<input type="text"/>