

# GLWA Vendor Setup Request

New  Change  Add New Site

**Vendor Code:** \_\_\_\_\_

**Vendor Legal Name:** \_\_\_\_\_

**Trade Name ("doing business as") :** *(if applicable)* \_\_\_\_\_

Provider of:  Goods  Services  Goods/Services If "Services", type of services: \_\_\_\_\_

Type of Organization: <i>(check only one)</i>	Employer Identification Number:	Social Security Number/ITIN:
<input type="checkbox"/> Individual - US citizen or US permanent resident ("green card")		
<input type="checkbox"/> Individual - Non-US citizen and non-US perm. res. ("foreign")		
<input type="checkbox"/> Sole Proprietorship		OR
<input type="checkbox"/> Partnership - US		
<input type="checkbox"/> Corporation - US (includes 501(c)3 non-profit corporation)		
<input type="checkbox"/> Government Agency - US		
Non-US: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Govt. Agency		

**Country of Permanent Residence:** *(for non-US payees)* \_\_\_\_\_

Mail Payments to:	Email/mail Purchase Orders to: <i>(if applicable)</i>	Business Address <i>(if different from Payment address)</i>
Line 1: _____	Email: _____	Line 1: _____
Line 2: _____	Line 1: _____	Line 2: _____
City: _____	Line 2: _____	City: _____
State: _____ Zip: _____	City: _____	State: _____ Zip: _____
Country: _____	State: _____ Zip: _____	Country: _____
	Country: _____	

**\*Vendor Contact Information:**

Accounts Receivable - Name: _____	Phone: _____	Fax: _____
Email: _____		
Customer Service - Name: _____	Phone: _____	Fax: _____
Email: _____		
Sales or Other - Name: _____	Phone: _____	Fax: _____
Email: _____		
URL (web address): _____		

**Notes/Special Instructions:** \_\_\_\_\_

**Vendor Authorization:** Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Requester Information:** Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Department: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**The Requester and the Authorizer cannot be the same person.**

**Procurement Authorization:** Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZER:** I certify that I have reviewed this request, have found it in compliance with GLWA policies and procedures and hereby authorize the request.