



Procurement Form (FOR)

Effective Date:
5/1/2019

Document #:
FSA_PRO_FOR_0047

Revision Date:
N/A

Revision#:
0

Document Title:
Vendor Registration Form

Document Owner/Department:
Procurement Team

General Information

Vendor Legal Name: New Change Add New Site

Trade Name (Doing Business As): Vendor Code:

Provider of: Goods Services Goods/Services *If Services, type of service provided:* Product Services

Type of Organization (check only one)

Individual – US citizen or US permanent resident (“green card”)

Individual – Non-US citizen or Non-US permanent resident (“foreign”)

Sole Proprietorship

Partnership (US)

Corporation

Government Agency

Non-US Corporation: Partnership (US) Corporation Government Agency

Vendor Contact Information:

Mail Payments to: ACH/Wire

Business Address: (if different from payment address)

Line 1:

Line 1:

Line 2:

Line 2:

City/State/Zip:

City/State/Zip:

Country: USA

Country: USA

Contact Information:

Acct. Rec. - Name:

Phone:

Email:

Customer Serv. -
Name:

Phone:

Email:

Sale/Other - Name:

Phone:

Email:

URL (Web Address):

Country of Permanent Resident (*for Non-US payees*):

Notes/Special Instructions:

Vendor Authorization:

Printed Name:

Title:

Phone:

Date:

Signature:

-----For Procurement Only-----

Requestor Information:

Printed Name:

Title:

Date:

Telephone:

Area:

Email:

Note: The requestor and the Authorizer cannot be the same person.

Procurement Authorization:

Printed Name:

Genevia Cook

Title:

Office Support Specialist

Date:

Signature:

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