

VENDOR SETUP SHEET

To process orders and pay on invoices our Accounts Payable system needs to have accurate information regarding your business. Please take the time to fill in the blanks below so that payment can be expedited in a timely fashion. Thank you

BUSINESS NAME: _____

BUSINESS PHYSICAL ADDRESS:

(Street Address)

(City) (State) (Zip Code)

BUSINESS "REMIT TO" ADDRESS (if different than above):

(Street Address)

(City) (State) (Zip Code)

Any special Payment Terms (Net 30 will be assumed): _____

Business Numbers#:

(Telephone#) (Fax #)

Accounts Receivable Contact:

(Name) (Telephone#) (Email)

Please email (or fax) this completed copy along with a signed W9 to:

Dawn Smith | ap@tcaps.net | fax: 231.933.1791

