

NOTE: ALL SECTIONS MUST BE COMPLETED IN ORDER TO CREATE/CHANGE VENDORS ON A TIMELY BASIS



Boston VA Research Institute

Fax completed form to: 617-738-8480 or email to:

bvari@bvari.org

150 S. Huntington Avenue (151B) Boston MA, 02130

VENDOR SET UP REQUEST

- New Vendor
- Change Vendor
- New Vendor Site

Vendor

for office use only

Vendor/Payee legal name: _____
Trade name ("DBA"): _____

Vendor payment terms are _____ Days Net unless a discount is offered: Discount of _____ % if paid in _____ days.

Supplier Type (check one only):

- Vendor
- Individual

Federal Tax ID/EIN
(vendors, organizations)

Social Security Number
(individuals, sole proprietors)

Vendor's Accounts Receivable
Contact Information:

DUNS Number

Name: _____

Phone: _____

Fax: _____

Web site: _____

Payee's Permanent/Tax Reporting Address:

Line 1: _____

Line 2: _____

Line 3: _____

City: _____ State: _____

Zip: _____ Country: _____

Payee's Mailing Address:

Line 1: _____

Line 2: _____

Line 3: _____

City: _____ State: _____

Zip: _____ Country: _____

Legal Entity (check one only):

- Individual - US citizen or US permanent resident ("green card")
- Individual -Not a US citizen or US permanent resident ("foreign national")
- US - Sole Proprietorship
- US - Partnership / LLC
- US Corporation (includes 501(C) 3, US College/University)
 - C-Corp
 - Subchapter S-Corp
- US Government Agency: Federal State Local
- Non-US: Corporation Partnership Govt. Agency

Business Classification (please check all that apply):

- Small Business
- Veteran Owned Business
- Woman Owned Business
- Minority Owned Business

Minority Owned Business (if minority owned, please check one):

- African American
- Subcontinent Asian American
- Native American
- Hispanic
- Asian-Pacific American

Authorized by: Name: _____ Title: _____

Signature: _____ Date: _____