



**Crump Group Inc**

**New Trade Vendor Setup Information Form**

*Fax to Harrisburg Accounts Payable 717.703.4815  
or email to insaccountspayable@crump.com*

**TO BE COMPLETED BY REQUESTOR**

Today's Date \_\_\_\_\_ Division \_\_\_\_\_ Dept \_\_\_\_\_

Requestor \_\_\_\_\_ Phone Number \_\_\_\_\_

**NEW VENDOR INFORMATION**

Vendor Name \_\_\_\_\_

"Pay to" Vendor Name \_\_\_\_\_  
*( IF DIFFERENT FROM THE ABOVE VENDOR NAME)*

Address \_\_\_\_\_  
\_\_\_\_\_

Remit-To Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Vendor Terms \_\_\_\_\_ Vendor Federal Tax ID # \_\_\_\_\_

**NOTE: A W-9 form must accompany all new vendor setups.**



**TO BE COMPLETED BY ACCOUNTS PAYABLE:**

Date Received \_\_\_\_\_ Setup Date \_\_\_\_\_

**NEW VENDOR  
NUMBER  
ASSIGNED** \_\_\_\_\_

W-9 Attached? \_\_\_\_\_

AP Associate \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Confirmation to Requestor \_\_\_\_\_