



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 Retirement 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 Class

Vendor Terms Net 30 Vendor Federal Tax ID #

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

Management Approval

W-9 Required Yes No

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