

Please complete all of the following information, where applicable:

Tax ID # (FEIN or SSN): _____

Organization Type: () Corporation () Individual/Sole Proprietor () Joint Venture
 () LLC () Partnership/Limited Partnership () Non Profit*

Tax Exempt ☐

Name of Company/Firm (as shown on Federal Tax return): _____

Alternate name, if applicable (doing business as): _____

Mailing address: _____

City: _____ **State:** _____ **Zip+4:** _____ - _____

Contact person: _____ **Business Ph#:** (____) ____ - _____

Fax #: (____) ____ - _____ **E-mail address (for E-notifications):** _____

Company / Firm's website address: _____

Payment address (if different from address above): _____

City: _____ **State:** _____ **Zip+4:** _____ - _____

Separate Checks: () Yes or () No **Accept Purchasing Card (i.e. VISA):** () Yes or () No

Business E-mail address (for e-notifications): _____

Banking Info: Account #: _____

Routing and transit # (Via ACH): _____

Are you currently employed or have you ever been employed by FLVS? () Yes or () No

If yes, please specify employment dates: _____

Requestor/Vendor's Signature: _____ **Date requested/sent:** _____

For Accounting Use Only:

____ **New Vendor** (A completed and signed W-9 form from the vendor (**Required**))

Vendor Type: ____ **V** – Standard ____ **I** – Payroll ____ **C** – Consultant/Channel Partners

____ **Vendor Change** (Provide changes below, where applicable)

Vendor #: _____ **Date received by Accounting:** _____

Authorized Signature: _____ **Date completed:** _____