

**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:** \_\_\_\_\_