**Vendor Application Form**

|  |  |  |
| --- | --- | --- |
| **Please Choose from one of the following:** | External Vendor | Internal Vendor (Long Term) |

**CONTACT INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Business or Payee** (Must match Taxpayer Identification Number information) | | | | | | |
| Address: | | | Federal Tax ID/SSN/ITIN: | | | |
| City: | | | State: | | | Zip: |
| Telephone: | Fax: | | | Web site: | | |
| E-mail: | | Contact Name: | | | Contact Phone #: | |

**TYPE OF ORGANIZATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Partnership | Individual | Sole Proprietor | Corporation | LLC | | LLP |
| Govt. Agency | Foreign Govt. | Foreign Partnership | Foreign Individual | | Foreign Corporation | |

**CLASSIFICATION** (Select all that apply)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Small Business Programs: | | Other Preference Programs: | | |
| Small Business Categories: | | Ethnicity: | | |
| Emerging Small Business | Women-Owned Business | | American Veteran | Disabled Veteran |

|  |  |
| --- | --- |
| Certification: | |
| If you select a classification that is certified by a Federal or State agency, you must provide a copy of your **certification** for each certifying  agency along with this application. | |
| SIC CODE: | DUNS#: |

**PAYMENT OPTIONS** (Please Choose ACH or Check)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ACH | Check | | ACH Action: | Bank Name: | |
| Account Type: | | Routing Number: | | | Bank Account Number: |

**ACH INSTRUCTIONS**

* Choose **Start,** if your payments are not processed electronically and you wish to start ACH.
* Choose **Change,** if you currently receive electronic payments and wish to change your financial institution's information.
* Choose **Stop,** if you wish to stop receiving your payments electronically.

## **Account Number:** Please make sure the account number written on this form is correct. If you are not sure, PLEASE CONTACT YOUR FINANCIAL INSTITUTION.

**Transit Routing Number:** This is the nine-digit number that identifies your financial institution. It is found in the bottom left- hand corner of your check.

**AGREEMENT**

I hereby authorize and request Standard Point Services to initiate credit entries. The electronic payment data remains in effect until withdrawn by:(a) Written notification to Standard Point Services; (b) Death or legal incapacity.

1. The vendor must complete a new form if any vendor information in this form changes.

|  |  |  |
| --- | --- | --- |
| Signature: | | Date: |
| Title: | Print Name: | |
| **Please return the completed form by fax, e-mail or mail to:**  [**standardpoint@outlook.com**](mailto:standardpoint@outlook.com)  **Fax: 231-571-1024**  **453 W. Norton Ave**  **Norton Shores, MI. 49444** | | |
| **Please Attach a voided check below for account verification.** | | |