**Vendor Application Form**

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

**CONTACT INFORMATION**

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| --- |
| **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 |

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| 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 certifyingagency 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 The electronic payment data remains in effect until withdrawn by:(a) Written notification to Standard Point Services; (b) Death or legal incapacity.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****Fax: 231-571-1024****453 W. Norton Ave****Norton Shores, MI. 49444** |
| **Please Attach a voided check below for account verification.** |