



New Vendor Request Form

Date of Request:			
Vendor Information			
Vendor Name			
Purchasing Contact Name			
Phone			
Website			
Street Address			
City			
State/Zip			
Accounting Contact Name			
Accounting Email Address			
Remittance Address (if different from above)			
Street Address			
City			
State/Zip			
Banking Information (for Electronic Payments – Signed ACH form needed)			
Name of Bank			
Routing Number			
Account Number			
Please specify what the vendor will be providing:			
Type of Vendor (as listed on W-9). Check box that applies.			
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	C Corporation or S Corporation
<input type="checkbox"/>	Trust/estate	<input type="checkbox"/>	Individual/sole proprietorship
<input type="checkbox"/>	W-9 received	<input type="checkbox"/>	Limited Liability Company
<input type="checkbox"/>		<input type="checkbox"/>	Other
W9 forms are required for all vendors. The W9 must be signed and dated.			
Please Note: If this is an on-site or service-related vendor (e.g., installation services or contract labor), a copy of the Certificate of Insurance naming Continental Laundry Solutions, Inc. as the certificate holder must be provided. Email all correspondence to accounting@continental-laundry.com			
Submitted by:			
(Name)		(Department)	
For Accounting Use Only			
Vendor#:		Date Added:	
Payment Terms:		Tax Type - 1099 Vendor (Y/N) :	
Approved by:			
(Name)		(Title)	