

VENDOR APPLICATION FORM

Grant-Reeves VFW Post 7720

174 Cornelia Crossing Shopping Center
Cornelia, GA 30531
706-778-4981

EMAIL COMPLETED APP to: admin@GrantReevesVeteran.center



VENDOR APPLICATION FORM

VENDOR INFORMATION

COMPANY / FIRM NAME as shown on Federal Tax Return		VENDOR ID. if applicable
		N/A
ALTERNATE NAME if applicable / (doing business as)		TAX ID NUMBER FEIN OR SSN
		N/A
POINT OF CONTACT NAME	TITLE	
VENDOR ADDRESS		
PAYMENT ADDRESS if different from address above		
PHONE	FAX	VENDOR EMAIL
TAX EXEMPT? Y or N	VENDOR WEBSITE	

ORGANIZATION TYPE

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Individual / Sole Proprietor	<input type="checkbox"/>	Gov Agency
<input type="checkbox"/>	LLC	<input type="checkbox"/>	Partnership / Limited Partnership	<input type="checkbox"/>	Non Profit

Separate checks?

Accept purchasing card? e.g. Visa, MC, etc.

BANKING INFORMATION

<input type="checkbox"/>	YES	<input type="checkbox"/>	YES	ACCOUNT NO.	
<input type="checkbox"/>	NO	<input type="checkbox"/>	NO	ROUTING NO.	

REQUESTOR / VENDOR'S NAME	SIGNATURE	DATE REQUESTED / SENT

INTERNAL USE ONLY	VENDOR ID	DATE RECEIVED	DATE APPROVED