



Select Service Type:

Accounting:	
Legal:	
Other:	

If "other" please specify: _____

Payable Contact Information:

Contact:	
Contact Title:	
Contact Email Address:	
Contact Mobile/SMS:	
Contact Phone:	
Company:	
Company Mailing Address:	

Banking Information:

Bank Name:	
Bank Address:	
Banking Contact Name:	
Banking Contact Phone:	
Banking Contact Email:	

ACH Information:

ROUTING#	
ACCOUNT#	

NEW VENDOR FORM

Please complete above and return to info@wpholdco.com to ensure prompt payment of invoices. @wp
WPHC LLC PO BOX 670 RICHMOND, MICHIGAN 48062 248-997-7815