

**VENDOR APPLICATION FORM**

**Power Table Co.**

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951-638-1230



VENDOR INFORMATION

| **COMPANY / FIRM NAME** as shown on Federal Tax Return | **VENDOR ID.** if applicable |
| --- | --- |
|  |  |
| **ALTERNATE NAME** if applicable / (doing business as) | **TAX ID NUMBER** FEIN OR SSN |
|  |  |
| **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 |
| --- |
|  | Corporation |  | Individual / Sole Proprietor |  | Joint Venture |
|  | LLC |  | Partnership / Limited Partnership |  | Non Profit |

| Separate checks? |  | Accept purchasing card? Ie. Visa, MC |  | BANKING INFORMATION |
| --- | --- | --- | --- | --- |
|  | YES |  |  | YES |  | ACCOUNT NO. |  |
|  | NO |  |  | NO |  | ROUTING NO. |  |

| **REQUESTOR / VENDOR’S NAME** | **SIGNATURE** | **DATE REQUESTED / SENT** |
| --- | --- | --- |
|  |  |  |

| INTERNAL USE ONLY | **VENDOR ID** | **DATE RECEIVED** | **DATE PAYMENT PROCESSED** |
| --- | --- | --- | --- |
|  |  |  |