



## CUSTOMER – VENDOR INFORMATION

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Please complete the form below and return to your VH Techworks representative.

Business Information			
Legal Name of Business:			
Business Address:			
City:		State:	
Zip / Postal Code:		Country:	
Business Phone:			
Business Website:			
Principal Name:		Title:	
State of Incorporation:		Federal Tax ID:	

Contact Information			
Account Contact:		Email:	
Accounting Contact:		Email:	

Trade References			
Reference Name:			
Business Address:			
City:		State:	
Zip / Postal Code:		Country:	
Business Phone:		Contact:	

Trade References			
Reference Name:			
Business Address:			
City:		State:	
Zip / Postal Code:		Country:	
Business Phone:		Contact:	



**CUSTOMER – VENDOR  
INFORMATION**

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<b>Bank / Wire Information</b>			
Beneficiary Name:			
Beneficiary Address:			
City:		State:	
Zip / Postal Code:		Country:	
Beneficiary Bank Name:			
Beneficiary Bank Address:			
City:		State:	
Zip / Postal Code:		Country:	
ABA or Routing Number:			
Account Number:			
SWIFT (If Applicable):			
Intermediary Bank Name:			
Intermediary Bank Address:			
City:		State:	
Zip / Postal Code:		Country:	
Intermediary Routing Number:			
<b>Please include a W9 in order for payments to be processed.</b>			

<b>Form Completed By:</b>	
<b>Signature:</b>	
<b>Date:</b>	