

**TECHWORKS****CUSTOMER – VENDOR  
INFORMATION****DOCUMENT NUMBER****F 8.1.0-04****REVISION****A****PAGE****1****OF****2**

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:

**TECHWORKS****CUSTOMER – VENDOR  
INFORMATION****DOCUMENT NUMBER****F 8.1.0-04****REVISION****A****PAGE****2****OF****2****Bank / Wire Information**

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:**Please include a W9 in order for payments to be processed.****Form Completed By:****Signature:****Date:**