Please complete the form below and return to your VH Techworks representative. 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: Account Contact: Email: Accounting Contact: Email: Reference Name: **Business Address:** City: State: Zip / Postal Code: Country: **Business Phone:** Contact: Reference Name: Business Address: City: State: Zip / Postal Code: Country: Business Phone: Contact: 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 B	Bank Name:					
Intermediary Bank Address:						
City:	Stat	e:			State:	
Zip / Postal	Cou	ntry:			Country:	
Code:	Cou	iiu y .			Country.	
Intermediary R	Louting Number:					
Please include a W9 in order for payments to be processed.						