

IPPM ACCOUNTING USE ONLY

- ☐ Vendor Required Docs Received
☐ Vendor Information Approved
☐ Vendor Setup Completed



VENDOR INFORMATION FORM

Company Name: _____

Mailing Address: _____ Office No: _____

After Hour No.: _____

Website: _____

Email for Work Order Request Submittal: _____

Representative Name: _____ Cell: _____

Vendor Billing Requirements:

Please choose one for Invoice Payables:

☐ ACH Payment OR ☐ Check Payment:

Bank Name/Address: _____ Routing No.: _____

Bank Account No.: _____

For Check payments: Mailing address if different from above:

Bank Name/Address: _____

REQUIRED DOCUMENTATION: (Vendor must submit documents pertaining to their Business Code & State Law Requirements)

- ☐ W9
☐ Insurance Liability Certification
☐ Workers Comp Certification
☐ Appropriate Trade License/Certificates
☐ EPA Certification
☐ Other

Additional Notes:

THANK YOU KINDLY FOR SERVICING OUR CLIENTS