



# New Vendor Information

Contact Name\*

Contact Phone\*

Contact Fax\*

Contact Email\*

Vendor Name\*

Business Name (DBA)\*

**Remit to Address\***

Street Address / P.O. Box\*

City\*

State\*

Zip Code\*

**If the remit to is a P.O. Box, the physical address must be completed below\***

Street Address\*

City\*

State\*

Zip Code\*

**Payment Information**

Payment Type (ACH/Check)

Vendor Payment Terms

Tax I.D. / Social Security Number\*

**Select One (Information from the W-9)**

Corporation (Non-1099 Reporting): C-Corp S-Corp LLC  
 (Non-1099 Reporting): C-Corp S-Corp LLC  
 (1099 Reporting) - P Partnership  
 I (1099 Reporting) = Individual / Sole Proprietor  
 P (1099 Reporting) = Partnership  
 501C3 - Non Profit Organization (Non-1099 Reporting)  
 Other Non-1099 Reporting  
 Recruitment Reimbursement

**Business Classification (Check all that apply)**

Minority Owned	Native American Owned	Network / Telecom	Landlord
Small Business	Software	Temp / Contractor	Facilities / Construction
Veteran Owned	Equipment Lease	HR	Legal
Women Owned	Service Fulfillment	Marketing	Other
LGBT	Disabled Individuals	Nonprofit / Charity	

Prepared by

Date

Department / Business Unit

(Accounts Payable) Approved by

Date

**TO BE COMPLETED BY FIRST REPUBLIC ACCOUNTS PAYABLE**

Vendor Verification (initials)	Document Attached:	Vendor Number
A/P Date Received	W-9	Multiple Checks (Y/N)
	W-8BEN	Vendor Management Reviewed
	501(C)3	Inputed By
	ACH FORM	A/P Date Inputed
	Approved Invoice	System Review Date