

# Business Vendor Registration Form

## Business Information:

- Business Name: \_\_\_\_\_
- Business Type (e.g., LLC, Corporation, Sole Proprietor): \_\_\_\_\_
- Business Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_
- ZIP: \_\_\_\_\_
- Tax Identification Number (TIN/EIN): \_\_\_\_\_
- Business License Number: \_\_\_\_\_
- Date of Establishment: \_\_\_\_\_

## Contact Information:

- Primary Contact Person: \_\_\_\_\_
- Contact Position/Title: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Products/Services Offered:

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## References (Optional):

1. Reference Name: \_\_\_\_\_  
Contact: \_\_\_\_\_
2. Reference Name: \_\_\_\_\_  
Contact: \_\_\_\_\_

## Banking Information:

- **Bank Name:** \_\_\_\_\_
- **Account Number:** \_\_\_\_\_
- **Routing Number:** \_\_\_\_\_

**Declaration:**

**I, the undersigned, certify that the information provided is accurate and true. I agree to abide by the terms and conditions of the business relationship.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_