

Vendor Payment Services - Vendor Payment Request

BASIC INFO

ADVERTISER/BUSINESS DIVISION	
JOB NAME	
JOB NUMBER	PO NUMBER/FUNDING IDENTIFIER

VENDOR INFO

VENDOR		EMPLOYER ID NUMBER (EIN)
ADDRESS		CITY
STATE/PROVINCE	COUNTRY	Minority-Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
PHONE NUMBER	CONTACT(S)	
Service Category: <input type="checkbox"/> Animation/VFX <input type="checkbox"/> Art Department <input type="checkbox"/> Audio <input type="checkbox"/> Camera <input type="checkbox"/> Casting <input type="checkbox"/> Editorial <input type="checkbox"/> Lighting/Grip <input type="checkbox"/> Music (Licensed) <input type="checkbox"/> Music (Original) <input type="checkbox"/> Photography <input type="checkbox"/> Post/Finishing <input type="checkbox"/> Production <input type="checkbox"/> Stage/Studio <input type="checkbox"/> Stock <input type="checkbox"/> Other:		

Please attach a W-9 if working with a new U.S. vendor or a W-8 if working with a new international vendor.

VENDOR PAYMENT INFO

Payment Terms: <input type="checkbox"/> COD <input type="checkbox"/> 15 Days <input type="checkbox"/> 30 Days <input type="checkbox"/> 45 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> Other:	
Payment Structure: <input type="checkbox"/> 100% <input type="checkbox"/> 50/50 <input type="checkbox"/> 25/75 <input type="checkbox"/> 75/25 <input type="checkbox"/> 1/3, 1/3, 1/3	PAYMENT DATE
Payment Method: <input type="checkbox"/> Wire <input type="checkbox"/> Check <input type="checkbox"/> ACH	Quick Pay Discount: <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> 30% <input type="checkbox"/> Other:
ACH INFO (ONLY REQUIRED IF PAYING VIA ACH)	
BENEFICIARY ACCOUNT NAME	ACH ROUTING NUMBER
ACCOUNT NUMBER	ACCOUNT TYPE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

VENDOR INVOICE INFO

INVOICE NUMBER	INVOICE DATE
INVOICE AMOUNT	Payment Installment: <input type="checkbox"/> Single Payment <input type="checkbox"/> 1 of 2 <input type="checkbox"/> 2 of 2 <input type="checkbox"/> 1 of 3 <input type="checkbox"/> 2 of 3 <input type="checkbox"/> 3 of 3

Please attach all relevant vendor invoice documents.