



NEW VENDOR & (ACH) PAYMENT FORM

Wixom Plt 1 Wixom Plt 2 WixomPlt3 Wixom Plt 4 Wixom Plt 5 Howell

Vendor Information:

Vendor Name: _____
Address: _____
City/State/Zip Code: _____
Remittance Address: _____
Remittance City: _____ State: _____ Zip Code: _____
Contact Name(s): _____ Phone #: () _____
E-Mail Address(es): _____

Banking Information:

Vendor's Bank Name: _____
Bank Address: _____
Bank's City: _____ State: _____ Zip Code: _____
Bank Contact Name: _____ Phone #: () _____
ACH ABA Routing #: _____ Account #: _____
Account Type
(please check only one) Checking Savings

Vendor's Authorization:

Please sign below to confirm that you are authorizing Tribar Technologies to begin transferring payments for your invoices to the account mentioned above.

_____ Signature	_____ Title
() _____ Phone Number	_____ Date

Please attach a completed W-9 form or complete at the bottom of this form along with an account verification letter from your bank to authorize payments. Please also include a certificate of liability and workers comp information.

If you have any questions please contact our Finance Department.

APIncvoicing@Tribar.com