PORT OF BENTON

NEW VENDOR SET-UP REQUEST FORM

Assigned Vendor No. *(POB Accounting)*:	

Vendor Information

To be completed by Vendor

Company Information ***Complete information below.***	
Vendor Company Name:	
Street Address:	
City / State / Zip Code:	
Country:	
Phone:	
Website:	
Federal ID#: (SSN or FEIN#)	
Date of Incorporation:	
State of Incorporation:	
Description of Services/Materials,etc.	
Active Contract with the WA Department of Enterprise Services	☐ *Yes* ☐ *No* **Contract #** _____

Remit To Information ***Complete information below.***	
Vendor Company Name:	
Contact Name:	
Contact Phone:	
Contact Email:	
Mailing Address:	
City / State / Zip Code:	
Account No: ***(Assigned POB account number, if applicable)***	
Invoicing Method: *select one*	☐ **USPS** ☐ **Email***
	**If using email, please send all invoices to ap@portofbenton.com*

New Vendor Set-Up Request Form

Payment Terms *Complete information below.* **Vendors that indicate "due upon receipt" on invoices will be defaulted to the POB standard Net 30.*	
Net:	
Cash Discount:	

Minority Vendor *Complete information below.*	
☐ *Yes*	☐ *No*
☐ *Minority Business Enterprise (MBE)*	
☐ *Women-Owned Business Enterprise (WBE)*	
☐ *Minority/Women-Owned (MW)*	
☐ *Other: _____*	
If Yes, please supply copy of Certificate.	

W-9 Included *Payment will not be processed prior to receipt of current W-9.*	
☐ *Yes*	☐ *No*

IRS Backup Withholding - *When applicable the Port will comply with the IRS backup withholding requirements.*

If a credit application is required, it must be approved via signature by the Director of Finance.

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		Port of Benton - INTERNAL USE ONLY		
		NAME OF REQUESTOR:		
		DATE REQUESTED:		
		IRS TIN MATCHING		
		SAM.GOV		
		DIRECTOR APPROVAL		