

# New AP Vendor Request

*Attach W-9 form and submit to AP Manager. Download current W-9*



Requested By:  
Department/Division:  
Request Date:

Vendor Name (Legal Name including DBA):

Contact Name:  
Contact Phone:  
Main Phone:  
Fax:

Address:  
City, State, Zip:

Vendor Payment Remittance Address (if different):

Address:  
City, State, Zip:

Will vendor perform any work on Power Plus customer sites?:      Yes                      No

Will vendor deliver material directly to Power Plus customer sites using their vehicles?:      Yes                      No

Describe products/services to be acquired from this vendor:

Are products/services purchased from this vendor to be resold?      Yes                      No

List any direct competitors to this vendor, whether we buy from them now or not?

Why are you requesting approval of this vendor?

How did you learn of this vendor?

Expected amount of initial order: \$

Expected amount in first 30 days: \$

Expected amount in first 6 months: \$

Expected payment terms:     Net30     Net60     Net90 (check one)                      Other (explain below)

Additional Notes for AP Manager about the Vendor: