

Email or fax this form to VMRD

Company Information

Company Name _____

Primary Contact _____

Position/Title _____

Phone _____ E-mail _____

Department Head _____ E-mail _____

Preferred Invoice Submission Method

E-mail _____

Vendor Self-Service Website (Please provide account set-up details & Instructions)

Company Address

Company _____

Address _____

City _____ State _____ Zip _____

Country _____

Phone _____

Fax _____

E-mail _____

Billing Address

Company _____

Address _____

City _____ State _____ Zip _____

Country _____

Phone _____

Fax _____

Billing Contact _____

E-mail _____

Additional Contacts

Contact # 1

Name _____ Position/Title _____

Phone _____ E-mail _____

Contact # 2

Name _____ Position/Title _____

Phone _____ E-mail _____