



# New Vendor Application

## IDENTIFICATION

**Name of supplier:** 
Please send your W-9, W-8BEN with this form

**Tax Identification Number:**

**Foreign Registration Number:** 
If Foreign: Is work performed in the USA?  
 YES     NO

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**Primary (Main) address:** .....  
**Attn: Ln** .....  
**Address Ln (1)** .....  
**City:** .....  
**State & Postal Code:** .....  
**Country :**

**Main Phone :** ..... **Website:** .....  
**Type of Business:** .....

*Responsible for Sales Tax Collection:*     YES     NO

## TO ORDER

**Ordering address :** .....  
**City:** .....  
**State & Postal Code:** .....  
**Country :** .....

**Primary Contact - Ordering:** ..... **Job Title :** .....  
**Phone :** ..... **Mobile :** .....

**E-mail for order:**

**Secondary Contact - Ordering:** ..... **Job Title :** .....  
**Phone :** ..... **Mobile :** .....

**E-mail :** .....

**Payment Terms** .....

**Delivery Terms** .....

## ACCOUNTING/PAYMENT INFORMATION

**PAYMENT METHOD**     Check

**BILLING ADDRESS** .....  
**City:** .....  
**State & Postal Code:** .....  
**Country :** .....

**Primary Contact - Payment** ..... **Job Title :** .....  
**E-mail :** ..... **Phone :** ..... **Mobile :** .....

**PAYMENT CURRENCY**    USD  
 Other, please specify : .....  
Note: if payment is necessary in foreign currency, please complete section below.

## ACCOUNTING/PAYMENT INFORMATION

**PAYMENT METHOD**     Wire    *Please note that Vetoquinol does not pay using ACH.*

**BENEFICIARY (BANK) NAME:** .....  
**BENEFICIARY (BANK) ADDRESS:** .....  
**CITY:** .....  
**COUNTRY** .....  
**POSTAL CODE:** .....

**BENEFICIARY (BANK) EMAIL:** .....

**ACCOUNT NUMBER / IBAN #:** ..... **SWIFT CODE:** .....  
**BENEFICIARY (BANK) ID:** ..... **ROUTING NUMBER (ABA) :** .....

For internal use only Form VS version 1.20

**Prepared By:** ..... **Date:** ..... **MDS Assigned #:** .....  
**Comments :** .....