



# CONA Master Data Management

## VENDOR REGISTRATION FORM (NEW)

DATE  REQUESTOR'S NAME & EMAIL

### GENERAL INFORMATION

VENDOR LEGAL NAME  DBA NAME (if applicable)

VENDOR "KNOWN AS" (if applicable)

BUSINESS CONTACT NAME  CONTACT EMAIL

VENDOR PHONE  VENDOR FAX

VENDOR ADDRESS

DUN & BRADSTREET #  A/R PHONE #

### CLASSIFICATION/TERMS

VENDOR TYPE (FOR U.S., SELECT ONE & ATTACH W-9 OR W-8)	TAX ID (EIN, SSN, GST OR VAT):	1099 RECIPIENT	PAYMENT METHOD (check all that apply)
<input type="checkbox"/> INDIVIDUAL	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Check
<input type="checkbox"/> US CORPORATION	MINORITY CODE:	PAYMENT TERMS & CURRENCY	<input type="checkbox"/> Electronic Funds Transfer (EFT) - complete attached form
<input type="checkbox"/> US NON INCORPORATION	<input type="text"/>	<input type="text"/>	

### REMITTANCE INFORMATION

SELECT IF SAME ADDRESS AS ABOVE:  (IF REMIT ADDRESS IS A PO BOX, A STREET ADDRESS MUST BE PROVIDED ABOVE)

VENDOR REMIT NAME  PO BOX #

VENDOR REMIT ADDRESS

### ORDER INFORMATION

Please provide either an EMAIL ADDRESS (preferred) or a FAX NUMBER where we can send our PURCHASE ORDERS to you:

CONTACT NAME  CONTACT PHONE #

CONTACT FAX #

### Comments

### ATTACHMENTS

RECOMMENDED DOCUMENTS TO INCLUDE WITH REGISTRATION FORM

- Tax form (W-8, W-9, etc)
- Bank form (Electronic Funds Transfer - EFT form)
- Company letterhead (either company address details or blank invoice on company letterhead)

Last Revised on 10/23/14

### EXTEND TO PURCHASE ORG (PO VENDOR)

Yes	No
SRM FLAG (PO VENDOR)	
Yes	No
Create PO Output Condition	