|  |  |  |
| --- | --- | --- |
| **Vendor Name:** |  |  |
| **Vendor Address:** |  |  |
| City: |  | State: |
| Postal Code: |  | Country: |
| **Contact Person** | First Name: | Last Name:  |
| **Contact Person**  | Email: | Phone Number: |
|  |  |  |
| Vendor Fax Number:**VAT Identification Number:****TAX Registration ID Number:****Preferred Method of Payment:**  | \*Credit Card | Bank Transfer |
| *\*If you have selected credit card as your preferred method of payment,* *please provide the following information:***Cardholder Name:****Credit Card Number:****Expires:****Security Code:** |
|  |  |  |

 **Signature: Date:**