|  |  |  |
| --- | --- | --- |
| **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:**