



Address Number (For Internal Use)	
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**\*\*Completed W9 must be submitted with this form\*\***  
 Please complete all areas of the following vendor setup form.  
 Payment cannot be processed without this form and W9.

## VENDOR INFORMATION FORM

<b>VENDOR NAME</b>	<b>TAX ID # / EXEMPTION #:</b>	<input type="checkbox"/> TAXABLE <input type="checkbox"/> EXEMPT
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<b>REMIT TO ADDRESS</b>	<b>VENDOR ADDRESS</b>
STREET ADDRESS/PO BOX	STREET ADDRESS/PO BOX
CITY/MUNICIPALITY:	CITY/MUNICIPALITY:
PROVINCE / STATE:	PROVINCE / STATE:
POSTAL CODE / ZIP:	POSTAL CODE / ZIP:

**CONTACT INFORMATION**

NAME
PHONE NUMBER:
FAX NUMBER:
EMAIL ADDRESS
Please list the products or services that you offer:

**PAYMENT TERMS: RIGGS DISTLER'S DEFAULT PAYMENT TERMS ARE NET 45**

**ARE DISCOUNTED PAYMENT TERMS AVAILABLE?**  YES  NO

**DO YOU ACCEPT CREDIT CARD PAYMENTS?**  YES  NO

IF YES, PLEASE SELECT ALL THAT APPLY

VISA

AMERICAN EXPRESS

**BUSINESS CLASSIFICATION (SELECT ALL THAT APPLY)**

**YOU MUST PROVIDE PROPER IDENTIFYING CERTIFICATION**

Minority Owned Business Enterprise <input type="checkbox"/>	Small Business Enterprise <input type="checkbox"/>
Women Owned Business Enterprise <input type="checkbox"/>	Hub Zone Business Enterprises <input type="checkbox"/>
Other Categories <input type="checkbox"/>	Veteran Owned <input type="checkbox"/>
Service Disabled Veteran-Owned Business <input type="checkbox"/>	

**1099 INFORMATION (Cat Code 03)**

<input type="checkbox"/> INDIVIDUAL OR NON CORPORATION	<input type="checkbox"/> NON EMPLOYEE COMPENSATION
<input type="checkbox"/> OTHER INCOME	<input type="checkbox"/> OTHER

Please send all invoices via email to [AP@riggsdistler.com](mailto:AP@riggsdistler.com)  
 All vendor invoices must include a P.O. number and Project/Job number to avoid a delay in payment.  
 If you do not have email capabilities, then please mail invoices to:

**Riggs Distler & Co., Inc.**  
**Attn: Accounts Payable**  
**4 Esterbrook Lane**  
**Cherry Hill, NJ 08003**