Please complete the form below, and return to your VH Techworks representative.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Business Information** | | | | | | | |
| Legal Name of Business: | |  | | | | | |
| Business Address: | |  | | | | | |
| City: |  | | State: |  | | | |
| Zip / Postal Code: | |  | Country: |  | | | |
| Business Phone: | |  | | | | | |
| Business Website: | |  | | | | | |
| Principal Name: | |  | | | Title: |  | |
| State of Incorporation: | |  | | | Federal Tax ID: | |  |

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| --- | --- | --- | --- |
| **Contact Information** | | | |
| Account Contact: |  | Email: |  |
| Accounting Contact: |  | Email: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Trade References** | | | | | | |
| Reference Name: | |  | | | | |
| Business Address: | |  | | | | |
| City: |  | | State: |  | | |
| Zip / Postal Code: | |  | Country: |  | | |
| Business Phone: | |  | | | Contact: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Trade References** | | | | | | |
| Reference Name: | |  | | | | |
| Business Address: | |  | | | | |
| City: |  | | State: |  | | |
| Zip / Postal Code: | |  | Country: |  | | |
| Business Phone: | |  | | | Contact: |  |

|  |  |  |  |  |  |  |
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| **Bank / Wire Information** | | | | | | |
| Beneficiary Name: | |  | | | | |
| Beneficiary Address: | |  | | | | |
| City: |  | | | State: |  | |
| Zip / Postal Code: |  | | | Country: |  | |
| Beneficiary Bank Name: | |  | | | | |
| Beneficiary Bank Address: | |  | | | | |
| City: |  | | | State: |  | |
| Zip / Postal Code: |  | | | Country: |  | |
| ABA or Routing Number: |  | | | | | |
| Account Number: |  | | | | | |
| SWIFT (If Applicable): |  | | | | | |
| Intermediary Bank Name: | | |  | | | |  | |
| Intermediary Bank Address: | | |  | | | |  | |
| City: |  | | | | State: |  |  | State: | | |  |
| Zip / Postal Code: |  | | | | Country: |  |  | Country: | | |  |
| Intermediary Routing Number: | | |  | | | |  | | |
| **Please include a W9 in order for payments to be processed.** | | | | | | |

|  |  |
| --- | --- |
| **Form Completed By:** |  |
| **Signature:** |  |
| **Date:** |  |