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: |  |

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

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| --- |
| **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.**  |

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