

ACCORD VENDOR INFORMATION SHEET

Return This Form	
Email	Accounting@AccordInterests.com
Fax	323-512-0105
Mail	Accord Interests, LLC Attention: Accounting 11719 Bee Cave Road, Suite 301 Austin, TX 78738

For Internal Use Only				
Cost Center	_____			
Requested By	_____			
Department	_____			
Approved By	_____			
Approval Date	_____			
Purpose	_____			
Joint Payments	_____			
1099	_____			
Foreign Withholding	_____			
PO Required	_____			

Date	_____
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Vendor Information	
Vendor	_____
Address	_____
City	_____
State	_____ Zip Code _____
Primary Contact	_____
Title	_____
Telephone	_____
Facsimile	_____
Email	_____

Insurance Type	Required	Certificate Received	Policy Limit	Additional Insured
Workers Comp				
Liability				
Property				

Joint Check Issuee Information	
Joint Payee	_____
Address	_____
City	_____
State	_____ Zip Code _____
Primary Contact	_____
Title	_____
Office Phone	_____
Cell Phone	_____
Facsimile	_____
Email	_____

Permitted Payment Methods	
American Express	_____
Master Card / Visa	_____
Checks	_____
ACH Transfers	_____
Bank	_____
ABA No	_____
Account Number	_____

Standard Terms

Vendor agrees to the standard terms and conditions set for in www.AccordInterests.com/VendorTerms.
 If this form is submitted electronically, the submission by the vendor shall constitute Vendor's consent to the terms hereof.

Vendor Name _____

Signed By _____

Title _____