



CHS

Vendor Request Form

Vendor Name: _____

DBA or Trade Name (if any): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email for Purchase Orders: _____

Account Contact: _____
Name Phone Email

Website: _____

Billing Address (if different from above):

Street/ P.O. BOX _____

City: _____ State: _____ Zip code: _____

Payment Method: Check ACH (If ACH please fill out attached EFT form)

Payment Terms: _____

Select nature of payments to be paid to vendor: (check all that apply)

- Product for resale
- Services (Type _____)
- Supplies Equipment for CHS use
- Other

Authorized Signature

Printed Name

Title

Date