



New Supplier Set Up

Please complete this form and email it, along with your W-9, to Accounts payable@setco.com

SUPPLIER INFORMATION

Supplier Name:

Remit-to Address:

City: State: Zip:

Physical Address:

City: State: Zip:

DUNS Number: Tax ID Number:

ACCOUNTS RECEIVABLE CONTACT

A/R Contact Name:

Phone: Email:

All invoices must be submitted to accounts payable@setco.com for payment.
 Invoices or payment inquiries sent to any other address cannot be verified as received or processed.

PAYMENT TERMS

Terms:

PAYMENT INFORMATION

Check ACH Credit Card

Remit to Address (for Check payments)

Street Address:

City: Zip:

Bank Details (for ACH payments)

Bank Name:

Bank Account Number:

Routing Number (for ACH):

Remittance Email:

TAX INFORMATION / W-9

Business Type:

Corporation LLC Partnership Sole Proprietorship

Sales Tax Exempt (attach exemption certificate if applicable)

W-9 Attached: Yes No W-9 Requested: Yes No W-9 Received: Yes No

AUTHORIZATION

Requested By: Date:

Completed By: Date: