



Vendor Registration

Company Name or Individual Db _____

Contact Name(s) _____

Company Address _____

Mailing/Billing Address _____

Services Provided _____

Office Phone Office Fax _____

Cell Phone(s) Other _____

Email Address(s) _____

EIN (Corporate ID #) or S.S. Number _____

Please note:

- Please note checks are cut every Friday, subject to the attached accounts payable policy.
- Your company will receive a yearly 1099 from A F OHAB COMPANY INC that you are contracted to service.
- Per our accounts payable policy, please submit a completed IRS Form W-9 with this document.
- All payments must be accompanied with an invoice. All invoice must be submitted with the description of service or item paid for with a reference number.
- A copy of a state issued identification will be necessary if this is not a corporation setup.