



FSC VENDOR FILE REQUEST FORM

<input type="checkbox"/> NEW		<input type="checkbox"/> UPDATE			
VA FACILITY INFORMATION		PAYEE/VENDOR INFORMATION			
STATION NUMBER		<input type="checkbox"/> COMMERCIAL VENDOR REGISTERED IN SAM.GOV (Required IAW FAR 4.1102)			
STATION CONTACT		DUNS NUMBER			
STATION PHONE NUMBER	STATION FAX NUMBER	DUNS+4			
STATION EMAIL ADDRESS		SSN/TIN			
PAYEE/VENDOR TYPE (Select one)		NPI			
<input type="checkbox"/> C - COMMERCIAL		<input type="checkbox"/> F - FEDERAL AGENCY			
<input type="checkbox"/> E - EMPLOYEE		<input type="checkbox"/> O - FOREIGN FACTS ID			
<input type="checkbox"/> I - INDIVIDUAL/HONORARIUM		<input type="checkbox"/> A - AGENT CASHIER			
<input type="checkbox"/> V - VETERAN		<input type="checkbox"/> U - UTILITY			
MISCELLANEOUS ACTIONS (Select one)		DBA			
<input type="checkbox"/> WINRS		<input type="checkbox"/> ASSIGNMENT (All applicable documents)			
<input type="checkbox"/> BILL OF COLLECTIONS		<input type="checkbox"/> SETTLEMENT/TORTS			
<input type="checkbox"/> ALAC/LGY ACCOUNT #		CONTACT			
<div style="border: 1px solid black; padding: 10px;"><p>FOR QUESTIONS REGARDING THIS FORM: NVF CONTACT INFORMATION:</p><p>NATIONWIDE VENDOR FILE CUSTOMER SERVICE: EMAIL: VAFSCVENDOT@VA.GOV</p><p>FOR ALL OTHER INQUIRIES:</p><p>CUSTOMER CARE CENTER: 1-877-353-9791 STATION CARE CENTER: 1-866-372-1141</p><p>SUBMIT ALL DOCUMENTATION VIA: SECURE FAX: 512-460-5221</p></div>		EMAIL ADDRESS			
		PHONE NUMBER			
		CURRENT ADDRESS (Include Street, City, State and Zip Code)			
		PREVIOUS ADDRESS (Include Street, City, State and Zip Code)			
		EFT/ACH (Required IAW 31 CFR Part 208)			
		BANK NAME			
		BANK ADDRESS (Include City, State and Zip Code)			
		NINE-DIGIT BANK ROUTING NUMBER			
		ACCOUNT NUMBER			
		ACCOUNT TYPE			
		<input type="checkbox"/> CHECKING		<input type="checkbox"/> SAVINGS	
		PAYEE/VENDOR PRINTED NAME & TITLE			
SIGNATURE					

NORMAL PROCESSING TIME IS 3 - 5 BUSINESS DAYS. WE DO NOT ACCEPT INVOICES