

FMS 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 <i>(Required IAW FAR 4.1102)</i>	
STATION CONTACT		DUNS NUMBER <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div>	
STATION PHONE NUMBER STATION FAX NUMBER		DUNS+4 <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div>	
STATION EMAIL ADDRESS		SSN/TIN <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div>	
PAYEE/VENDOR TYPE <i>(Select one)</i> <input type="checkbox"/> C - COMMERCIAL <input type="checkbox"/> F - FEDERAL AGENCY <input type="checkbox"/> E - EMPLOYEE FACTS ID <div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 5px;"></div> <input type="checkbox"/> I - INDIVIDUAL/HONORARIUM <input type="checkbox"/> O - FOREIGN <input type="checkbox"/> V - VETERAN <input type="checkbox"/> A - AGENT CASHIER <input type="checkbox"/> U - UTILITY		NPI <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div>	
MISCELLANEOUS ACTIONS <i>(Select one)</i> <input type="checkbox"/> WINRS <input type="checkbox"/> ASSIGNMENT <i>(All applicable documents)</i> <input type="checkbox"/> BILL OF COLLECTIONS <input type="checkbox"/> SETTLEMENT/TORTS <input type="checkbox"/> ALAC/LGY ACCOUNT # <div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 5px;"></div>		VENDOR NAME	
<div style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <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>		DBA	
		CONTACT	
		EMAIL ADDRESS	
		PHONE NUMBER	
		CURRENT ADDRESS <i>(Include Street, City, State and Zip Code)</i>	
		PREVIOUS ADDRESS <i>(Include Street, City, State and Zip Code)</i>	
		EFT/ACH <i>(Required IAW 31 CFR Part 208)</i>	
		BANK NAME	
		BANK ADDRESS <i>(Include City, State and Zip Code)</i>	
		NINE-DIGIT BANK ROUTING NUMBER <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div>	
		ACCOUNT NUMBER <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 2px;"></div>	
		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