



FSC VENDOR FILE REQUEST FORM

<input checked="" type="checkbox"/> NEW					<input type="checkbox"/> UPDATE																							
VA FACILITY INFORMATION					PAYEE/VENDOR INFORMATION																							
STATION NUMBER					<input checked="" type="checkbox"/> COMMERCIAL VENDOR REGISTERED IN SAM.GOV <i>(Required IAW FAR 4.1102)</i>																							
STATION CONTACT					DUNS NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																							
STATION PHONE NUMBER		STATION FAX NUMBER			DUNS+4 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>																							
STATION EMAIL ADDRESS					SSN/TIN <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																							
PAYEE/VENDOR TYPE <i>(Select one)</i> <table border="0"><tr><td><input type="checkbox"/> C - COMMERCIAL</td><td><input type="checkbox"/> F - FEDERAL AGENCY</td></tr><tr><td><input type="checkbox"/> E - EMPLOYEE</td><td><input type="checkbox"/> O - FOREIGN FACTS ID <table border="1"><tr><td></td><td></td></tr></table></td></tr><tr><td><input type="checkbox"/> I - INDIVIDUAL/HONORARIUM</td><td><input type="checkbox"/> A - AGENT CASHIER</td></tr><tr><td><input type="checkbox"/> V - VETERAN</td><td><input type="checkbox"/> U - UTILITY</td></tr></table>					<input type="checkbox"/> C - COMMERCIAL	<input type="checkbox"/> F - FEDERAL AGENCY	<input type="checkbox"/> E - EMPLOYEE	<input type="checkbox"/> O - FOREIGN FACTS ID <table border="1"><tr><td></td><td></td></tr></table>			<input type="checkbox"/> I - INDIVIDUAL/HONORARIUM	<input type="checkbox"/> A - AGENT CASHIER	<input type="checkbox"/> V - VETERAN	<input type="checkbox"/> U - UTILITY	NPI <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													
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					<input type="checkbox"/> SMALL BUSINESS - VENDOR MUST BE QUALIFIED AS SMALL BUSINESS IN SAM OR FURNISH SBA CONFIRMATION																							
MISCELLANEOUS ACTIONS <i>(Select one)</i> <table border="0"><tr><td><input type="checkbox"/> WINRS</td><td><input type="checkbox"/> ASSIGNMENT <i>(All applicable documents)</i></td></tr><tr><td><input type="checkbox"/> BILL OF COLLECTIONS</td><td><input type="checkbox"/> SETTLEMENT/TORTS</td></tr><tr><td><input type="checkbox"/> ALAC/LGY ACCOUNT #</td><td><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr></table>					<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 #	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							VENDOR NAME											
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					DBA																							
					CONTACT																							
<div>FOR QUESTIONS REGARDING THIS FORM: NVF CONTACT INFORMATION: NATIONWIDE VENDOR FILE CUSTOMER SERVICE: EMAIL: VAFSCVENDOT@VA.GOV FOR ALL OTHER INQUIRIES: CUSTOMER CARE CENTER: 1-877-353-9791 STATION CARE CENTER: 1-866-372-1141 SUBMIT ALL DOCUMENTATION VIA: SECURE FAX: 512-460-5221</div>					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 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																							
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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