

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" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																	
STATION PHONE NUMBER STATION FAX NUMBER	DUNS+4 <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td> </tr> </table>																	
STATION EMAIL ADDRESS	SSN/TIN <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																	
PAYEE/VENDOR TYPE <i>(Select one)</i> <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" style="width: 20px; height: 15px;"><tr><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" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																
	<input type="checkbox"/> SMALL BUSINESS - VENDOR MUST BE QUALIFIED AS SMALL BUSINESS IN SAM OR FURNISH SBA CONFIRMATION																	
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 # <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>									VENDOR NAME									
	DBA																	
<div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <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>	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 <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></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