



FSC VENDOR FILE REQUEST FORM

<input checked="" type="checkbox"/> NEW					<input type="checkbox"/> UPDATE					DATE																																				
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 Hassan Wilson, Contract Specialist					DUNS NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																									
STATION PHONE NUMBER (915) 217-1241					STATION FAX NUMBER (915) 217-1261					DUNS+4 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
STATION EMAIL ADDRESS hassan.wilson@va.gov					SSN/TIN <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><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> <input checked="" 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> <input type="checkbox"/> I - INDIVIDUAL/HONORARIUM <input type="checkbox"/> A - AGENT CASHIER <input type="checkbox"/> V - VETERAN <input type="checkbox"/> U - UTILITY</table>							NPI <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											VENDOR NAME																																			
					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><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

Instructions for FMS Vendor File Request Form

1. **NEW box option** - Check box if you are a new vendor not in the FMS system.
2. **UPDATE box option** - Check box if you are an existing vendor in the FMS system.

VA Facility Information

3. **Station #** - This portion pertains to the VA Station submitting this form, provide your station 3 digit station number. **FOR STATION USE ONLY**
4. **Station Contact Name** - VA Station employee. **FOR STATION USE ONLY**
5. **Station Phone** - VA Station employee direct number. **FOR STATION USE ONLY**
6. **Station Fax Number** - VA Station fax number. **FOR STATION USE ONLY**
7. **Station Email** - VA Station employee work email address. **FOR STATION USE ONLY**

Payee/Vendor Type - Check the appropriate Payee/Vendor Type box. **REQUIRED**

Miscellaneous Actions - Check the appropriate Payee/Vendor Type box, some additional documentation required. **OPTIONAL**

- ALAC Vendors - include the 6 digit account number **OPTIONAL, USE ONLY IF ALAC**
- Assignment of Claims- include Notice of Assignment & Instrument of Assignment **OPTIONAL, ONLY IF ASSIGNMENT**
- Federal Vendors- include the 2 digit Facts ID **OPTIONAL, USE ONLY IF FEDERAL AGENCY**
- Foreign Vendors- include W8Ben & IRS notice 565(ITIN) or IRS notice 575 (EIN) **OPTIONAL, ONLY FOR FOREIGN COUNTRY**

Payee/Vendor Information

8. **Commercial Vendor Registered in SAM.gov** - If you are registered in System of Awards Management & have a DUNS number check this box. **OPTIONAL**
9. **DUNS #** - Data Universal Numbering System (DUNS) is a unique 9-digit number that is administered by Dun and Bradstreet (D&B) **OPTIONAL**
10. **DUNS+4** - If you have more than one EFT account number for the same DUNS number and same physical location as defined by the DUNS address complete this section. **OPTIONAL**
11. **SSN/TIN** - The Social Security Number (SSN) is the nine-digit number. The Tax Identification Number (TIN) is the nine-digit number which is either an Employer Identification Number (EIN); complete this section with SSN, TIN, EIN or ITIN. **REQUIRED**
12. **NPI** - A standard 10 digit unique identifiers for health care providers, complete this section if applicable. **OPTIONAL**
13. **Small Business** - Check box if applicable **OPTIONAL**
14. **Vendor Name** - Provide legal name as it is on file with the IRS **REQUIRED**
15. **DBA** - Doing Business As name complete if applicable **OPTIONAL**
16. **Contact** - Name of Point of Contact if additional information is required **OPTIONAL**
17. **Email** - Point of Contact email address **OPTIONAL**
18. **Phone** - Point of Contact phone number **OPTIONAL**
19. **Current Address** - Provide your most current address, city, state & zip code **REQUIRED**
20. **Previous Address** - Provide previous address, city, state and zip code **REQUIRED FOR ADDRESS CHANGES**
21. **EFT/ACH (REQUIRED IAW 31CFR Part 208)**
22. **US. Bank Name** - provide financial institution name city, state & zip code.
23. **US. Nine-Digit Bank Routing Number** - Provide 9 digit routing number from check (DO NOT use Deposit slip routing number)
24. **US. Account #** - Provide bank account number maximum 17 digits
25. **Account Type** - Check appropriate box that is associated with account number provide above
26. **Payee/Vendor Printed Name & Title** - Name and title of person completing payee/vendor information. **REQUIRED**
27. **Payee/Vendor Signature** - Signature of person completing payee/vendor information. **REQUIRED**

Please fax the completed form to 512-460-5221 for processing.