



FSC VENDOR FILE REQUEST FORM

<input type="checkbox"/> NEW		<input type="checkbox"/> UPDATE	
VA FACILITY INFORMATION		PAYEE/VENDOR INFORMATION	
STATION NUMBER 678		<input type="checkbox"/> COMMERCIAL VENDOR REGISTERED IN SAM.GOV (Required IAW FAR 4.1102)	
STATION CONTACT Tim Harris		DUNS NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
STATION PHONE NUMBER (520) 792-1450		STATION FAX NUMBER (520) 838-3620	
DUNS+4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		SSN/TIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
STATION EMAIL ADDRESS Timothy.Harris@va.gov		NPI <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PAYEE/VENDOR TYPE (Select one) <input checked="" type="checkbox"/> C - COMMERCIAL <input type="checkbox"/> E - EMPLOYEE <input type="checkbox"/> I - INDIVIDUAL/HONORARIUM <input type="checkbox"/> V - VETERAN <input type="checkbox"/> F - FEDERAL AGENCY <input type="checkbox"/> O - FOREIGN FACTS ID <input type="text"/> <input type="text"/> <input type="checkbox"/> A - AGENT CASHIER <input type="checkbox"/> U - UTILITY		<input type="checkbox"/> SMALL BUSINESS - VENDOR MUST BE QUALIFIED AS SMALL BUSINESS IN SAM OR FURNISH SBA CONFIRMATION	
MISCELLANEOUS ACTIONS (Select one) <input type="checkbox"/> WINRS <input type="checkbox"/> BILL OF COLLECTIONS <input type="checkbox"/> ALAC/LGY ACCOUNT # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> ASSIGNMENT (All applicable documents) <input type="checkbox"/> SETTLEMENT/TORTS		VENDOR NAME	
		DBA	
		CONTACT	
		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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		ACCOUNT NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		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