



FSC 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	
STATION PHONE NUMBER	STATION FAX NUMBER	DUNS+4	
STATION EMAIL ADDRESS		SSN/TIN	
PAYEE/VENDOR TYPE <i>(Select one)</i>		NPI	
<input type="checkbox"/> C - COMMERCIAL		<input type="checkbox"/> F - FEDERAL AGENCY	
<input type="checkbox"/> E - EMPLOYEE		<input type="checkbox"/> O - FOREIGN FACTS ID	
<input type="checkbox"/> I - INDIVIDUAL/HONORARIUM		<input type="checkbox"/> A - AGENT CASHIER	
<input type="checkbox"/> V - VETERAN		<input type="checkbox"/> U - UTILITY	
MISCELLANEOUS ACTIONS <i>(Select one)</i>		VENDOR NAME	
<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 #		DBA	
<div style="border: 1px solid black; padding: 10px; margin: 10px;"><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	
		ACCOUNT NUMBER	
		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