

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> <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	NPI
	<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 #	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
	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

Instructions for FSC 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.
4. **Station Contact Name** – VA Station employee
5. **Station Phone** – VA Station employee direct number
6. **Station Fax Number**- VA Station fax number
7. **Station Email**- VA Station employee work email address

Payee/Vendor Type – Check the appropriate Payee/Vendor Type box

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

- ALAC Vendors- include the 6 digit account number
- Assignment of Claims- include Notice of Assignment & Instrument of Assignment
- Federal Vendors- include the 2 digit Facts ID
- Foreign Vendors- include W8Ben & IRS notice 565(ITIN) or IRS notice 575 (EIN)

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.
9. **DUNS #**- Data Universal Numbering System (DUNS) is a unique 9-digit number that is administered by Dun and Bradstreet (D&B) and is a required data element for all registrants in SAM complete this section.
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.
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.
12. **NPI**- A standard 10 digit unique identifiers for health care providers, complete this section if applicable.
13. **Small Business**- Check box if applicable
14. **Vendor Name**- Provide legal name as it is on file with the IRS
15. **DBA**- Doing Business As name complete if applicable
16. **Contact**- Name of Point of Contact if additional information is required
17. **Email**- Point of Contact email address
18. **Phone**- Point of Contact phone number
19. **Current Address**- Provide your most current address, city, state & zip code
20. **Previous Address**- Provide previous address, city, state and zip code

EFT/ACH (Required IAW 31CFR Part 208)

21. **Bank Name**- provide financial institution name city, state & zip code.
 22. **Nine-Digit Bank Routing Number**- Provide 9 digit routing number from check (DO NOT use Deposit slip routing number)
 23. **Account #**- Provide bank account number maximum 17 digits
 24. **Account Type**- Check appropriate box that is associated with account number provide above
 25. **Payee/Vendor Printed Name & Title**- Name and title of person completing payee/vendor information
 26. **Payee/Vendor Signature**- Signature of person completing payee/vendor information
- Please fax the completed form to 512-460-5221 for processing.**

***Note: Privacy regulations prevent the VA from accepting documents via email.**