

**Vendor/Landlord Add/Change Request**

**Vendor#** (Alz Home Office) \_\_\_\_\_

**VENDOR/LANDLORD INFORMATION | \*Required Fields**

*Vendor/Landlord Name _____	*Invoicing Currency (USD Preferred) _____
*Address _____	*Phone _____
_____	Fax Number _____
*Remit to Address _____	*Primary Contact _____
<i>(If Different)</i> _____	*Primary Email _____
_____	*Accounts Receivable Contact _____
*Country/Province _____	*Accounts Receivable Email _____
*Fed. Tax ID / VAT _____	*Accounts Receivable Phone _____
*Attached <i>(If Applicable)</i> <input type="checkbox"/> W-9 / <input type="checkbox"/> W-8: Foreign Vendor Doing Business in US	DUNS# _____
*Is Vendor a Law Firm or Attorney? <input type="checkbox"/> Y <input type="checkbox"/> N	

**ELECTRONIC PAYMENT INFORMATION (ACH/WIRE)**

*Bank Name _____	<u>For Non-US Accounts</u>
*Bank Address _____	*Bank Country _____
*City, State _____	*Swift Code/BIC _____
*Phone _____	*IBAN # _____
*Bank Account Name _____	*Intermediary Bank Name _____
*Routing/ABA <i>(US Accts Only)</i> _____	*Intermediary Routing/ABA/Swift _____
*Account Number _____	*Intermediary Account Number _____
*Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

**PAYMENT METHODS | \*Select One:**  ACH *(Preferred)*  Wire *(Intl. Only)*

**Payment Terms: Net 30**

**APPROVALS**

*Vendor/Landlord _____	Signature _____	Printed Name _____	Date _____
*Alzheimer's Requestor _____	Signature _____	Printed Name _____	Date _____

**Alzheimer's Requestor: Please submit all completed forms to [ap@alz.org](mailto:ap@alz.org)**

**ALZ HOME OFFICE USE ONLY:**  New Vendor Setup  New One Time Vendor  Activate  Inactivate  Update Existing Vendor

**OFAC/SDN: Is Vendor/Landlord on the Specially Designated Nationals List?**  Y  N