

(Alz use only): Respite/Family    Respite/Services    NonStaff Exp

## Vendor/Landlord Add/Change Request

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

Chapter Number: \_\_\_\_\_

*Vendor/Landlord Name _____	*Invoicing Currency (USD Preferred) _____
*Address _____	*Phone _____
_____	Fax Number _____
*Remit to Address _____	*Primary Contact _____
(If Different) _____	*Primary Email _____
_____	*Accounts Receivable Contact _____
*Country/Province _____	*Accounts Receivable Email _____
*Fed. Tax ID / VAT _____	*Accounts Receivable Phone _____
*Attached (If Applicable) W-9 / W-8: Foreign Vendor Doing Business in US _____	DUNS# _____
*Is Vendor a Law Firm or Attorney? Y 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 (US Accts Only) _____	*Intermediary Routing/ABA/Swift _____
*Account Number _____	*Intermediary Account Number _____
*Account Type    Checking    Savings	

**PAYMENT METHODS** | \*Select One:    ACH (Preferred)    Wire (Intl. Only)    **Payment Terms:**    Net30    Net15    Net10    Upon Receipt

### 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