



**Vendor Set Up/Change Form**

New Vendor \_\_\_\_\_ Existing Vendor Change \_\_\_\_\_

Business Legal Name \_\_\_\_\_ DUNS Number \_\_\_\_\_

Physical Address \_\_\_\_\_

Contact Name and Title \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Contact Fax Number \_\_\_\_\_

Organization Type  
\_\_\_\_ Corporation \_\_\_\_ LLC \_\_\_\_ Partnership \_\_\_\_ Individual \_\_\_\_\_ Other (Please Specify)

**Complete the Vendor Classification on the following page**

1099 Information (US Only) Social Security Number or Tax ID Number \_\_\_\_\_  
*IRS Form W-9 or W-8 (for foreign vendors) must be attached*

Payment Method \_\_\_\_ Check \_\_\_\_ ACH \_\_\_\_ Credit Card (MasterCard)

Remittance Address (if different than above) \_\_\_\_\_

For ACH Payments please choose one of the following:

- \_\_\_\_ Option A CTX with electronic remittance detail
- \_\_\_\_ Option B CCD with paper confirmation to fax number \_\_\_\_\_
- \_\_\_\_ Option C CCD with email confirmation to email address \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address \_\_\_\_\_

Bank Routing Number/TR Number/SWIFT Code \_\_\_\_\_ Account Number \_\_\_\_\_

**Voided Check Must Be Attached to Process Request For Automatic Payments**

*Neither party shall be liable for any failures or errors beyond its reasonable control including, without limitation, mechanical, electronic or communications failures or errors. Neither party shall be liable to the other for any special, incidental exemplary or consequential damages arising from or as a result of any delay, omission, error or failure in the electronic transfer of funds.*

*This authority shall remain in effect until terminated upon thirty (30) days written notice by either Vendor or Stratas Foods. Notice of termination shall in no way effect debit/credit entries initiated prior to actual receipt of notice.*

*All credit and other terms and conditions between Vendor and Stratas Foods remain in effect.*

Authorized Signature: \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

## Vendor Ownership Classification

Business Name \_\_\_\_\_

NAICS Number \_\_\_\_\_

Large Business:	YES _____	NO _____
Small Business (SB)	YES _____	NO _____
Small Disadvantage Business (SDB):	YES _____	NO _____
HUBZone Certified:	YES _____	NO _____
Designated Alaskan Native Corporation:	YES _____	NO _____
<b>***Please reference sba.gov for definitions and eligibility requirements</b>		
Women Owned, Managed & Controlled (51% or more):	YES _____	NO _____
<b>**US Citizen</b>		
Minority owned, Managed & Controlled (51% or more):	YES _____	NO _____
_____ African American	_____ Indian (Sub-Continent)	
_____ Hispanic American	_____ Asian/Pacific Islander	
_____ Native American Indian	_____ Multi-Cultural (more than one ethnic group)	
<b>**US Citizen</b>		
Veteran Owned (51% or more):	YES _____	NO _____
_____ Vietnam	_____ Service Disabled	
<b>**Veteran is defined, past or present, as a member of the United States Military</b>		
Is your business certified in any of the above categories:	YES _____	NO _____
If you answered "Yes" please attach the certification.		
<b>PENALTY FOR FALSE MISREPRESENTATION:</b>		
Under 15 U.S.C. 645(d), an person who misrepresents a firm's status as a small, HUBZONE small, small disadvantaged, or women-owned small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8 (d), 9, or 15 of the Small Business Act or any other provision of Federal Law that specifically references section 8 (d) for a definition of program eligibility, shall (i) Be punished by imposition of the fine, imprisonment, or both; (ii) Be subject to administrative remedies, including suspension and debarment; and (iii) Be ineligible for participation in programs conducted under the authority of the Act.		
Authorized Signature _____		
Date _____		

ACH Payment Decline Form

Vendor Name: \_\_\_\_\_

1099 Info (US only) Social Security **-or-** Federal Tax Id #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Contact e-mail: \_\_\_\_\_

I decline ACH payments at this time. I acknowledge that check payments will be slower due to mailing times, and that funds may not immediately be considered good funds by my financial institution when deposited.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_