

VENDOR DETAILS FORM

This form must be completed for all new suppliers prior to the supply of good or services.

Section 1: Vendor details

Company name:			
Address:		Postcode:	
		City:	
State:		Country:	
Phone number:		Fax number:	
Contact person name:		Position:	
E-mail:		Phone number:	
Internet webpage:			
Tax ID number:			

Section 2: Bank details

Please select your preferred method of payment

ACH Payment (Recommended)

Account number:			
Account holder:		Account type	
Bank name:		Routing code:	
Bank address:		Postcode:	
		City:	
State:		Country:	

Section 3: Vendor acceptance

Vendor accepts that all the information provided is correct and true.

_____ Signature	_____ Position
_____ Name of signatory (please print)	_____ Date

Section 4: Altisource Internal use only

Vendor code: _____

Please indicate the reason for this application:

New application Update application

Please indicate the status of W9 form

W9 received. W9 already on files.

Received by	_____
Date	_____
Set up by	_____
Date	_____