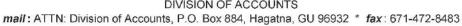


GOVERNMENT OF GUAM

DEPARTMENT OF ADMINISTRATION DIVISION OF ACCOUNTS





VENDOR RECORD / EFT ESTABLISHMENT REQUEST

NEW VENDOR	lishment of vendor number or the c	CHANGE OF VENDO	
MailingAddress		Name	
City	State Zip Code	City	State Zip Code
	OTHER REQUI	RED INFORMATION	
Taxpayer ID No./Soc Sec No	D:	Type of Product / Svc:	
Contact Number (primary):		Contact No.(other):	
Fax Number	r:	E-mail Address:	
The undersigned confirms its account Administration. The undersigned also Any person who knowingly makes and account to the confirmation of the c	o has read and understood 4 GCA §8169 wh by false statement or falsifies or permits to be	Type of Checking: Attach Account: Savings: Attach Bank Name and Address Account Number Ty acknowledged that the undersigned has ich state: a faisified, any record or records of this sys	Copy of Current Bank Statement Routing Number s no enforceable right in, or to Department of stem, in any attempt to defraud the system, is have the right to recover any payments made
Existing Vendor Number	ired supporting documentation.	VENDOR API Print Name: Print Title:	PLICANT'S SIGNATURE
Incomplete requests will no	endor establishment process.	Date Signed: DE ADMINISTRATION	