

Vendor Information Form
To be filled out and signed by vendor/payee

The business information requested in this form will be used by Corporate Translations to identify you in our vendor database. Completion of this form is required as part of the supplier set-up process and does not constitute an agreement between Corporate Translations and the vendor. **Complete and accurate data will ensure timely payment.**

Invoicing information for vendors: A service request is not valid unless you receive a **Purchase Order number** from your contact. Please make sure you request a Purchase Order number and mention it as your job number on each invoice.

Fields marked with * are mandatory

Section 1 - General information

Name*	<input type="text"/>		
Address*	<input type="text"/>		
City*	<input type="text"/>	Postal Code*	<input type="text"/>
Country*	Please select	PO Box	<input type="text"/>

Section 2 - Tax information

TAX number or SSN*	<input type="text"/>
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Section 3 - Bank Details

Preferred Payment Method *	Please select	Currency	<input type="text"/>
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*If Preferred Payment Method = Check -> Skip to section 4
Add'l Charge USD Wire: \$23 Fee | Foreign Currency Wire: \$17*

*For Foreign Currency Wire Only
All others will be paid USD*

For Payment by PayPal pls. complete the following:
CTi does not charge a fee to vendors to issue PayPal payments

Paypal Email	<input type="text"/>
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For Payment by Wire pls. complete the following:

Bank acct. holder's name	<input type="text"/>	Country of Bank	Please select
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Bank name	<input type="text"/>
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Bank Address	<input type="text"/>
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Bank account number	Bank sort code	Bank account number	Check Digits	Bank account change or addition
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select " addition" or "Change" here if applicable

(BSB in Australia)

IBAN number	<input type="text"/>
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Swift Code	<input type="text"/>	ABA Routing code <i>(For US accounts only)</i>	<input type="text"/>
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CLABA Code <i>(For Mexico accounts only)</i>	<input type="text"/>	IFSC Code <i>(For India accounts only)</i>	<input type="text"/>
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Section 4 - Contact details (mandatory)

Contact name *	<input type="text"/>	Contact Telephone*	<input type="text"/>	Mobile Phone	<input type="text"/>
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Contact E-mail*	<input type="text"/>	Contact Fax #	<input type="text"/>
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For Purchase Order*	<input type="text"/>	Please input an email address
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For Payment Remittance*	<input type="text"/>	Please input an email address
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Authorized Signature

I hereby certify that the above information is true and accurate

Date 10/25/2010

Information completed by _____

Title _____

Signature _____