



New Vendor Set-Up Request Form  
Must provide all information or vendor **will not** be set up.

**Vendor Information**

Name: \_\_\_\_\_  
Tax ID Number: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Type of Business:    Corporation        Limited Liability Company        Sole Proprietor        Non-Profit  
                                 Partnership/Limited Partnership

**Accounts Receivable Information**

Name: \_\_\_\_\_  
A.R. Email: \_\_\_\_\_  
A.R. Phone Number: \_\_\_\_\_

**Remit Payment To (if different from address above):**

Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Are you related or affiliated with anyone employed by Nueces County Community Action Agency? If so, who?  
\_\_\_\_\_

*Please submit this form, a copy of your W-9 and certificate of insurance to vendors@nccaatx.org.  
Please have the certificate of insurance showing Nueces County Community Action Agency at 101 South Padre  
Island Drive Corpus Christi, Texas 78405 as an additional insured.*



**Vendor Information**

Company Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_

Authorized By: \_\_\_\_\_

**Financial Institution**

Name of Bank: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Routing Number (*must be 9 digits*): \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account (*circle one*):       Checking       Savings

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

Bank Contact Title: \_\_\_\_\_

Bank Contact Telephone Number: \_\_\_\_\_

Bank Contact Email Address: \_\_\_\_\_

Memo (*if any*): \_\_\_\_\_

\_\_\_\_\_

**If you are wanting to be paid by ACH, please ask your financial institution for a verification letter.**