



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: _____

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: _____

*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*): _____
