

Your Company Name

New Vendor Establishment

Vendor Information		Validation Procedures					
		Documents or Procedures Performed					
Vendor Name:	ABC Company, Inc.	AOI	State Reg.	Googled			
Taxpayer ID#:	00-0000000	W-9					
Payee Name:	ABC Company						
Duplicate Name Search:		None noted					
Primary Phone:	000-000-0000	Called - Active Number					
Fax No.:	000-000-0001	Test Fax Successful					
Website:	www.abc.aaa	Active					
<u>Physical Address:</u>		Googled - Valid		Google Earth - Valid			
Address:	1412 1st Street						
City:	City						
State:	State						
Zip Code:	11111						
<u>Mailing Address:</u>		Googled - Valid		Google Earth - Valid			
Address:	P.O. Box 9999						
City:	City						
State:	State						
Zip Code:	11111						
Duplicate Address Search:		None Noted					
Contact Person:	Jane Doe						
Contact E-mail:	jane@abc.aaa	Email to and from - Successful					
<u>Expected Transactions:</u>							
Widget Purchases OR Monthly Statement Processing Services, etc.							
<u>Vendor Relationships:</u>							
Jane Doe is John Doe's sister - John works in our marketing department							