

# FMS VENDOR FILE REQUEST FORM

<input type="checkbox"/> NEW	<input type="checkbox"/> UPDATE
<b>VA FACILITY INFORMATION</b>	<b>PAYEE/VENDOR INFORMATION</b>
STATION NUMBER	<input type="checkbox"/> COMMERCIAL VENDOR REGISTERED IN SAM.GOV <i>(Required IAW FAR 4.1102)</i>
STATION CONTACT	DUNS NUMBER
STATION PHONE NUMBER      STATION FAX NUMBER	DUNS+4
STATION EMAIL ADDRESS	SSN/TIN
PAYEE/VENDOR TYPE <i>(Select one)</i> <input type="checkbox"/> C - COMMERCIAL <input type="checkbox"/> F - FEDERAL AGENCY <input type="checkbox"/> E - EMPLOYEE      FACTS ID <input type="text"/> <input type="text"/> <input type="checkbox"/> I - INDIVIDUAL/HONORARIUM <input type="checkbox"/> O - FOREIGN <input type="checkbox"/> V - VETERAN <input type="checkbox"/> A - AGENT CASHIER <input type="checkbox"/> U - UTILITY	NPI
	<input type="checkbox"/> SMALL BUSINESS - VENDOR MUST BE QUALIFIED AS SMALL BUSINESS IN SAM OR FURNISH SBA CONFIRMATION
MISCELLANEOUS ACTIONS <i>(Select one)</i> <input type="checkbox"/> WINRS <input type="checkbox"/> ASSIGNMENT <i>(All applicable documents)</i> <input type="checkbox"/> BILL OF COLLECTIONS <input type="checkbox"/> SETTLEMENT/TORTS <input type="checkbox"/> ALAC/LGY ACCOUNT #	VENDOR NAME
	DBA
<div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <p>FOR QUESTIONS REGARDING THIS FORM: NVF CONTACT INFORMATION:</p> <p>NATIONWIDE VENDOR FILE CUSTOMER SERVICE: EMAIL: <a href="mailto:VAFSCVENDOT@VA.GOV">VAFSCVENDOT@VA.GOV</a></p> <p>FOR ALL OTHER INQUIRIES:</p> <p>CUSTOMER CARE CENTER: 1-877-353-9791 STATION CARE CENTER: 1-866-372-1141</p> <p>SUBMIT ALL DOCUMENTATION VIA: SECURE FAX: 512-460-5221</p> </div>	CONTACT
	EMAIL ADDRESS
	PHONE NUMBER
	CURRENT ADDRESS <i>(Include Street, City, State and Zip Code)</i>
	PREVIOUS ADDRESS <i>(Include Street, City, State and Zip Code)</i>
	<b>EFT/ACH <i>(Required IAW 31 CFR Part 208)</i></b>
	BANK NAME
	BANK ADDRESS <i>(Include City, State and Zip Code)</i>
	NINE-DIGIT BANK ROUTING NUMBER
	ACCOUNT NUMBER
ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
PAYEE/VENDOR PRINTED NAME & TITLE	
SIGNATURE	

**NORMAL PROCESSING TIME IS 3 - 5 BUSINESS DAYS. WE DO NOT ACCEPT INVOICES**