

Global Evangelism, Inc



NEW VENDOR FORM

INDIVIDUAL /COMPANY as shown on Federal Tax Return				
ALTERNATE NAME if doing business as				
POINT OF CONTACT NAME Preferred Point of Contact				TITLE
VENDOR ADDRESS Please include city, state and zip code				
		CITY	ST	ZIP
PAYMENT/REMIT ADDRESS if different from address above. Please include city, state and zip code				
		CITY	ST	ZIP
PHONE	FAX	PAYMENT/REMIT EMAIL Payment questions will be sent to this email.		PO EMAIL the PO will be sent to this email.
PAYMENT TERMS (no upon receipt terms)	VENDOR WEBSITE	YEARS IN BUSINESS	TYPE OF GOODS OR SERVICES COMPANY PROVIDES?	
Does any employee, board member, or representative of GEI have a personal, financial, or familial relationship with your company or its owners? <input type="checkbox"/> Yes (If yes, please provide detailed notes in the space below. No <input type="checkbox"/>				
Notes:				

I declare that I have examined the information on this form, and to the best of my knowledge and belief, it is true, correct, and complete.

Authorized
Signature

	PRINT NAME AND TITLE	SIGNATURE DATE

- Service companies are required to submit and maintain a current COI naming GEI as additional insured. Please see the attached sample COI with exact wording and limit requirements.
- All Independent Contractors must complete and return along with this form an updated W-9 form and could be subject to an independent contract agreement for any of our properties.

Please email the completed form to accountspayable@gei.org

GEI USE ONLY	VENDOR ID	DATE RECEIVED	APPROVED DATE	APPROVED BY
	STAFF REQUESTOR NAME	BACKGROUND CHECK REQUIRED		
		YES NO	DATE COMPLETED	

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