



**VENDOR PROFILE FORM (US)**  
**APPLICATION / ACTIVE VENDOR REQUEST**

US-TX-VEN-0001

APR-20

Rev 1

**\*Required Fields**

**General Information**

\*Date: \_\_\_\_\_

\*Applicant Name (Legal Entity): \_\_\_\_\_ \*Contractor Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ State of Incorporation / Registration: \_\_\_\_\_

\*Physical Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Accounts Receivable Phone #: \_\_\_\_\_ \*Accounts Receivable Email Address: \_\_\_\_\_

\*Tax ID #: \_\_\_\_\_ ISN ID#: \_\_\_\_\_

Main Product / Service: \_\_\_\_\_

**Payment Remittance Information (if different than above)**

Company Name (Per invoice): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**\*Banking Information**

**\*\*All FUTURE changes to banking information must be approved by:**

Name: _____		Phone #: _____		Email: _____	
<input type="checkbox"/> Wire transfer or <input type="checkbox"/> EFT payment				REMITTANCE EMAIL	
BANK NAME			BANK ADDRESS		
ACCOUNT NAME	ACCOUNT No.	ABA No. (US Banking)	SWIFT No. (International Banking)		
<b>**Please attach W-9 (W-8 if international), and either a void check or a letter from the bank to confirm bank account details.**</b>					

**APERION INTERNAL USE ONLY**

ARE THERE CURRENT APPROVED PROVIDERS FOR THIS SERVICE / MATERIAL?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<b>VENDOR CLASSIFICATION</b>	
JUSTIFICATION					
				New Supplier <input type="checkbox"/>	Existing Supplier / Changes <input type="checkbox"/>
ISN HSE GRADING					
COMPANY CODES					
OTHER					
APPROVALS	SIGNATURE	NAME			
REQUESTER					
REQUESTER'S SUPERVISOR					
PROCUREMENT					
HSE					
OTHER					

**Please obtain Requester's Supervisor signature if there are current QSL providers for this service / material.**