

NEW VENDOR SET-UP**I. Set-up (to be completed by hand)**

Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Order Phone: _____ Fax: _____

Pay to: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Position: _____

Vendor Terms: _____ Reason to do business: _____

Vendor type: Uniforms Concessions Supplies Equipment Other _____

Business Type: Corporation LLC/Partnership Sole Proprietor
 Government

FEIN _____ Social Security # _____

Comment : _____

Submitted by: _____ Date: _____

II. President to complete:

Approved By Board: Yes No Pay Terms: (see next page) _____

Certificate of Insurance Required: Yes No Reason: _____

If not approved, reason: _____

III. Treasurer to complete:

Certificate of Insurance Received: Yes No Date Received: _____

1099 Required: (see back) Yes No

Set-up by: _____ Date: _____

Immediately send a W-9 Form to each new vendor and, if applicable, request a certificate of insurance. A blank W-9 can be found on the website at <http://www.hueytownsoccer.com/forms/W-9.pdf>. Fax the W-9 and certificate of insurance with the request form to the President or Treasurer.

PAY TERMS:

DESCRIPTION	DAY(S)
NET 10 DAYS	10
NET 15 DAYS	15
NET 20 DAYS	20
NET 25 DAYS	25
NET 30 DAYS	30
NET 5 TH	5
NET 10 TH	10
NET 15 TH	15
NET 20 TH	20
NET 25 TH	24
NET 30 TH	30
DUE ON RECEIPT	0

1099's

At least \$600 paid (annually) for the following:

- Individuals (that are not employees)
- Services
- Rent
- Attorney fees
- Prizes and awards paid to employees

Do NOT use to report the following:

- Payments to corporation's except as noted above
- Employee expense reimbursements
- Payments for phone, freight, storage
- Wages paid to employees

For further information see www.irs.gov