



FOREIGN VENDOR CREATION FORM

PLEASE TYPE

Vendor Name: _____

Street Address: _____

City: _____ Country: _____ Postal Code: _____

*FOR INDIVIDUALS – BE SURE TO ATTACH FORM W8BEN AS WELL AS VISA/PASSPORT
FOR ORGANIZATIONS – BE SURE TO ATTACH FORM W8BEN-E*

Mailing Address (If different from above)

Vendor Contact Name: _____

Vendor Phone Number: _____ Fax: _____

Vendor Email: _____

Preferred Payment Method

CHECK ONLY ONE

- Wire Transfer in USD
- Wire Transfer in Foreign Currency (note currency : _____)
FOR WIRE TRANSFER, BE SURE TO ATTACH FOREIGN WIRE SETUP FORM
- ACH (only available for domestic banks)
FOR ACH, BE SURE TO ATTACH ACH/EFT FORM

UNC Requestor Name: _____

Campus Address: _____

Phone: _____ Fax: _____

Email: _____

Vendor Coordinator Use Only:

VENDOR ID NO ASSIGNED: _____

CREATE DATE: _____ DEPARTMENT NOTIFIED DATE: _____