

Vendor Form

Please return completed form along with your W-9 and any future invoices or statements to invoices@lpzoo.org

Vendor Name Business Name (DBA) Main Phone

Number

Business Address City, State Zip Code

Remittance Address City, State Zip Code

Contact Name (Accounting) Phone Number Email Address

Sales Contact Phone Number Email Address

Business Type (attach W9)

Corporation

LLC

Partnership Sole Proprietor

Not for Profit

Other

Payment Terms - send invoices to

invoices@lpzoo.org

Net 30

Net 10

1%15 Net 30

2%10 Net 30

Due Upon Receipt

Other

Type of Product or Service Offered

Our preferred method of payment is ACH

Email Address for Remittance		Bank Name for ACH Payments			
Bank Routing Number		Bank Account Number			
If terms are not set up, do Do you accept credit cards	you require prepayment? s without additional fees?	Yes Yes, VISA	No Yes, AM	IEX	
Diversity Business S by a diverse group(Status-Please check below, s).	if your business	is owned (51% o	or greater),	
MBE-Minority Owned		DBE-Disadvantage Owned			
	BE-Minority Owned BTQ+ Owned		VBE-Veteran Owned None of the Above, Not a Diverse Busine		
Arc	e you a Certified Diverse Bu	siness? Yes	s P	No	
Other-Do you hire or work	with Tier 2, Tier 3? Do you hav	ve a business divers	sity policy? Please e	explain.	
A. No Current or Prior Conflict interest, including but not lim	nt to represent and warrant the fo of Interest. The Vendor/Contract ted to, the representation of othe k Zoo. Please disclose below if ar	or has no business, p r clients, that would	conflict in any manne	er or degree	
	. If any such actual or potential c rk Zoo in writing of such conflict.	onflict of interest aris	ses, Vendor/Contract	or shall	
I acknowledge No Cui	rent or Prior Conflict of Inte	erest			
I am disclosing the fo	llowing Conflict of Interest				
Conflict Discloser:					
Signature:		Da	Date:		