



10830 Andrade Drive | Zionsville, IN 46077
TEL: (317) 873-2512 | FAX: (317) 873-3973
Email PDF Form to: AR@VASEY.com

NEW CUSTOMER / VENDOR SET-UP FORM

Please complete the following online form OR complete the PDF (*Required)

Date (00/00/0000)*

Business Name* (Customer type. Choose one: New _____ Existing _____ Previous _____)

If you have an account already, enter an Invoice Number, Site Number, or Contact Number. If not, enter your name along with your VASEY contact person.

DBA (Doing Business As): Are you doing business under another name?

If yes, please tell us your DBA.

Do you require a W-9 form?*

YES _____ NO _____

Do you require a Certificate of Insurance (COI)?*

YES _____ NO _____

If yes to COI, state any specific requirements.

Billing Address*

Address Line 1

Address Line 2

City State Zip

Mailing Address*

Address Line 1

Address Line 2

City State Zip

Work Site Address*

Address Line 1

Address Line 2

City State Zip



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Work Site Contact Name*

Name* Phone*
Email Address*

Do you require a Purchase Order (PO) or Work Order (WO) number?*

YES _____ NO _____ OTHER (please explain) _____

Accounts Payable Contact Telephone Number*

Accounts Payable Contact Name*

Accounts Payable Email Address*

Do you prefer invoices to be emailed?*

YES _____ NO _____

Do you prefer statements to be emailed?*

YES _____ NO _____

How will you submit payment?*

CREDIT CARD _____ ACH _____ CHECK _____

Are you Tax Exempt?*

YES _____ NO _____ (If yes, please PDF and attach your tax-exempt form.)

For questions, please email AR@VASEY.com. For your protection, this information IS NOT ARCHIVED on the website or anywhere on the Internet. Please submit a FULLY COMPLETED FORM or your data will be lost.

WEBSITE LINK: <https://www.vasey.com/new-customer-vendor-set-up-form>

FOR OFFICE USE	Int. _____
Service Center _____	Rate Template _____