



VENDOR REGISTRATION FORM

Please select one: New Vendor Vendor Update

NOTE: This form must be completed by Vendor, or an authorized representative of Vendor. Before payment will be processed, Vendor must provide Heifer Project International (“Heifer International”) with appropriate information/documentation (such as Tax ID Number confirmation, W-9, W-8BEN, or VAT Registration).

| | |
|---|---|
| Name of Vendor <i>(Payments will be made payable to this name)</i> | |
| Majority Owner’s Country of Citizenship <i>(if applicable)</i> | |
| Physical Address <i>(Street, City, State, Country)</i> | |
| Type of Services and/or Goods <i>(List all that apply)</i> | Number of Years in Business: |
| Contact Name, Title, Email Address, Phone Number, and Fax Number <i>(if applicable)</i> | Preferred delivery method of Purchase Order(s) <input type="checkbox"/> E-mail to: _____ <input type="checkbox"/> Mail to: _____ <input type="checkbox"/> Fax to: _____ |
| Type of Organization <i>(Check all that apply)</i> <input type="checkbox"/> Sole Proprietorship (individual) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: <input type="checkbox"/> Nonprofit <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Trust <input type="checkbox"/> _____ | Check all that apply [SM] <input type="checkbox"/> Small Business [WO] <input type="checkbox"/> Woman-Owned Business Enterprise (WBE) [MN] <input type="checkbox"/> Minority-Owned Business Enterprise (MBE) [VO] <input type="checkbox"/> Veteran-Owned Business Enterprise (VBE) <i>If certified, please attach copy of certification.</i> |
| Payment Method <input type="checkbox"/> Wire (provide Bank Details below)* <input type="checkbox"/> Check (provide address in blank to the right) | Remit To (provide address, if different from above) |
| *NOTE: For invoices to be paid via wire transfer, you must provide a bank letter that includes (1) the account holder’s name, (2) the account holder’s account number, (3) the bank address, and (4) the bank’s routing information. | |
| Bank Details | |
| Currency Type | |
| Bank Name | |
| Bank Address | |
| Bank Account No./IBAN | |
| ABA/Swift Code | |
| Name on Bank Account <i>(if possible, provide voided check)</i> | |
| Country Code | |

Disclosures (Check all that apply)

- Yes No Has your organization (or any principal thereof) been subject to any of the following?
Debarment _____ Criminal Convictions _____ Bankruptcy _____
- Yes No Does any employee of your organization have an ownership interest in the organization?
If so, what percentage? _____%
- Yes No Is any person of authority within your organization (such as a principal, officer, or director), an employee of, or a person of authority with, Heifer International?
If yes, please provide name of employee(s): _____

If you answered 'Yes' to any of the three questions above, please provide further details and/or an explanation below:

Before payment will be processed, Vendor must provide Heifer International with appropriate information/documentation (such as Tax ID Number confirmation, W-9, W-8BEN, or VAT Registration).

Under penalties of perjury, I certify that the information provided herein is true, correct, and complete.

| | |
|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|

Printed Name:

Title:

Options for submitting this Vendor Registration Form and its attachments are:

Email to: Procurement@heifer.org

Mail or Courier Service to:

Heifer Project International

Attn: Procurement Office

1 World Avenue

Little Rock, AR 72202

Fax to: (501) 907-2805

Questions or concerns regarding this Vendor Registration Form may be emailed to Procurement@heifer.org.

If your vendor relationship with Heifer International is based within an office or location(s) **outside** the United States, please complete the following:

Heifer International

Office/Location: _____

Attn: Financial Office

Phone: _____

Fax to: _____

The following sections are to be completed by Heifer International staff.

| |
|---------------|
| Printed Name: |
| Signature: |
| Title: |

Procurement/AP Approver: _____ Date: _____

Vendor ID in Agresso: