

## **VENDOR INFORMATION:**

Vendor Name:				
Remittance Address:				
Remittance City:		State:		Zip:
Contact Name:				
Contact Phone #:				
Email Address:				
BANKING INFORMA	ATION:			
Vendor's Bank Name:				
Bank Address:				
Bank's City:		State:		Zip:
Bank Contact Name:			Phone:	
ABA Routing #:			Account #	
Account Type: (please c	check one):	Checking		Savings

Please sign below to confirm that you are authorizing Metal Shark to begin transferring payments for your invoices to the account mentioned above.

Signature

Title

Printed Name