



VITAL FOR TOMORROW

Accounts Payable Information

Customer Name: _____

Payment Terms: _____

Accounts Payable Contact Person: _____

Accounts Payable Contact Phone: _____

Email Address for payment inquiries: _____
(if different from submitting invoices and statements)

Email Address for Statements: _____
(if different from submitting invoices and payment inquiries)

Email Address to send invoices: _____
(if different from submitting statements and payment inquiries)

Accounts Payable Mailing Address: _____

EIN#(TaxID) _____

Do you have a portal for invoices to be uploaded to: _____ Yes _____ No
(If yes, please provide portal instructions)

Does your invoice require a PO for payment: _____ Yes _____ No

Is your company exempt from Sales Tax: _____ Yes _____ No
(If yes, please email Tax Exemption Certificate)

Please ensure that you have the following information on our account:

- An emailed remittance for every ACH payment must be emailed to ACHVES@valicor.com for prompt and accurate payment posting.
- Credit Card remittances are to be emailed to CCVES@valicor.com
 - Valicor charges 2.5% Fee for ALL Credit Card and P-Card Transactions – no fee for Debit Card payments or EChecks
- Any questions regarding your payment(s) may be directed to dlarey@valicor.com