



Vendor Data Information (All blanks must be completed to be applicable)

Name _____

DBA (doing business as) _____

Physical Address _____

City _____ State _____ Zip _____

Remit to Address: _____

City _____ State _____ Zip _____

Telephone # _____ Fax # _____

Email: _____

Social Security # or Tax ID # _____ 1099 Yes No

Payment Terms: NET 30 NET 15 DUE UPON RECEIPT

Direct Deposit Authorization (ACH Credit) Information required to complete the vendor setup process.

I, _____

authorize SkillsUSA, Inc to send an ACH credit to the account indicated below.

Account Type: Checking or Savings **AND** Personal or Business

Bank Name _____

Bank Routing # _____

Account # _____

Remittance Email(s) _____

Signature _____

Date _____

SkillsUSA School Chapter ID# _____

Secure upload: <https://bit.ly/3ifhE0z>

Email: Sgregg@skillsusa.org

Fax: 703-777-8999

Mail: Attn: Sarah Gregg 14001 SkillsUSA Way, Leesburg, VA 20176