

Vendor Information Form

UEN or Registration Number:	_____
Name of Company:	_____
Mailing Address:	_____

Postal Code:	_____

Contact Information	
Customer Service Contact No:	_____ Email: _____
Finance Contact No:	_____ Email: _____
Sales Contact No:	_____ Email: _____
Company's Website Address:	_____

Bank Information	
<input type="checkbox"/> Local Company	
Payee's Bank Name:	_____
Account Name:	_____
Account Number:	_____
<input type="checkbox"/> Foreign Company	
Beneficiary's Name:	_____
Beneficiary's Address:	_____
Swift Code:	_____
Sort Code / Local Clearing Code:	_____
Beneficiary's Bank Name:	_____
Beneficiary's Bank Address:	_____
IBAN or Account Number:	_____

Currency	
SGD <input type="checkbox"/>	Others (please state) _____

Payment term	
Advance payment <input type="checkbox"/>	Credit term _____ (days)
*Note: CARES Ltd does not do COD Terms as we do not deal in Cash. Advance payment option means bank transfer prior to delivery of services / goods.	

For Accounting Use	
<input type="checkbox"/> New Vendor	<input type="checkbox"/> Update existing Vendor
Vendor Type:	<input type="checkbox"/> Standard / Supplier <input type="checkbox"/> Payroll <input type="checkbox"/> Other type
Vendor Number:	_____
Date received by Accounting:	
Authorized Signature: _____	Date Completed: _____