



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

Local Company

Payee's Bank Name: _____
 Account Name: _____
 Account Number: _____

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 Others (please state) _____

Payment term

Advance payment Credit term 30 (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

New Vendor Update existing Vendor

Vendor Type: Standard / Supplier Payroll Other type

Vendor Number: _____

Date received by Accounting: _____

Authorized Signature: _____ Date Completed: _____