

Beta Alpha Psi - New Supplier Request Form

bap@bap.org

9009 Town Center Parkway Lakewood Ranch, FL 34202 919.402.4044

Please fill out form in its entirety and email to bap@bap.org. Incomplete forms will be returned.

Full Legal Name							
DBA (if applicable)							
Primary Industry							
Dun & Bradstreet (if applicable)							
TIN or Social Security Number							
Physical Address							
Remittance Address							
(if different than Physical)							
Customer Service Contact Name							
Customer Service Email							
Customer Service Phone							
Existing Supplier	Yes		No				
Publicly Traded	Yes		No				
Diverse Supplier	Yes		No				
If yes is checke	ed, specify bel	ow. Defined as at least !	51% ownership in one of	the classes listed	:		
Ethnic Minority	Yes	No	Women Yes	No			
Veteran	Yes	No	Disabled Yes	No			
Disabled Veteran	Yes	No					
		Beta Alpha Ps	si standard terms are	Net/30.			
Beta Alpha Psi accepts payments via ACH direct deposit or by check.							
Supplier will pay by check							
ACH Payment information							
I hereby authorize Beta Alpha Psi to receive of funds due to incorrect or incomplete info	-	•		_			
This agreement will remain in effect until Be	ta Alpha Psi re		cancellation from me or my etter for account confirma	•	on, or until I submit a new direct	deposit form. Check copy,	
		Submit i	nvoices to bap@bap.o	org			
Name of Financial Institution							
Name on Account							
Routing Number	-						
Account Number	-						
Type of Account			Savings				
Authorized Signature		Date					
Payment notification E-mail					Date		
rayment notification E-Mail							
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Copy of Cancelled/Voided Check, Deposit slip or Bank Letter for bank account verification