NEW VENDOR & (ACH) PAYMENT FORM

Please select which BPG facility you work with:

BPG Alabama	Albion	Avilla	Edon	Franklin	Fruitport	Southfield	Technical Center	Workholding
☐	☐	☐	☐	☐	☐	☐	☐	☐

Vendor Information:

Vendor Name: _____

Address: _____

City/State/Zip Code: _____

Remittance Address: _____

Remittance City: _____ State: _____ Zip Code: _____

Contact Name(s): _____ Phone #: ( ) _____

E-Mail Address(es): _____

Banking Information:

Vendor's Bank Name: _____

Bank Address: _____

Bank's City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone #: ( ) _____

ACH ABA Routing #: _____ Account #: _____

Account Type
(please check only one) Checking ☐ Savings ☐

Vendor's Authorization:

Please sign below to confirm that you are authorizing Busche to begin transferring payments for your invoices to the account mentioned above.

_____ _____
Signature Title

( ) _____ _____
Phone Number Date

Please attach a completed W-9 form along with an account verification letter from your bank to authorize payments. Please also include a certificate of liability and workers comp information.

If you have any questions please contact our Accounting Department.

supplier@buschegroup.com