## **VENDOR PAYMENTS REQUEST FORM**



STORE NAME:					_ LEAD	D#:	AGENT #:
If you are interested in paying your COD vendors via the MEMO Vendor Payment Program, please attach a current invoice for each vendor listed below. Otherwise, check the "decline" box and sign on the Authorized Delegate/Agent Signature. Thank you.  OFFICE USE ONLY							
Vendor Name		Соі	ntact Nam	e			NSFs: YES NO
Acct #	Phone # Fax #					Good Standing: YES NO	
Amount Requested \$		CIRCLE ONE:	NEW	CHANGE	ADD	DELETE	Wkly Amt Approved \$
Vendor Name Contact Name						NSFs: YES NO	
Acct #	Phone #		Fa	x #			Good Standing: YES NO
Amount Requested \$		CIRCLE ONE:	NEW	CHANGE	ADD	DELETE	Wkly Amt Approved \$
Vendor Name		Соі	ntact Nam	e			<b>NSFs:</b> YES NO
Acct #	Phone #		Fa	x#			Good Standing: YES NO
Amount Requested \$		CIRCLE ONE:	NEW	CHANGE	ADD	DELETE	Wkly Amt Approved \$
Vendor Name	endor Name Contact Name						NSFs: YES NO
Acct #							Good Standing: YES NO
Amount Requested \$						DELETE	Wkly Amt Approved \$
							NSFs: YES NO
		Phone # Fax #					Good Standing: YES NO
Amount Requested \$						DELETE	NATIONAL A CONTRACTOR OF CONTR
							NSFs: YES NO
		Contact Name Fax #					_
Amount Requested \$						DELETE	
Vendor Name		Contact Name					NSFs: YES NO
Acct #	Phone #	Fax #				Good Standing: YES NO	
Amount Requested \$		CIRCLE ONE:	NEW	CHANGE	ADD	DELETE	Wkly Amt Approved \$
Vendor Name		Contact Name					NSFs: YES NO
Acct #	Phone #	Fax #					Good Standing: YES NO
Amount Requested \$		CIRCLE ONE:	NEW	CHANGE	ADD	DELETE	Wkly Amt Approved \$
Vendor Name		Contact Name					NSFs: YES NO
Acct #	Phone #	fFax #					Good Standing: YES NO
Amount Requested \$		CIRCLE ONE:	NEW	CHANGE	ADD	DELETE	Wkly Amt Approved \$
Vendor Name	Contact Name						NSFs: YES NO
Acct #	Phone #	ne # Fax #					Good Standing: YES NO
Amount Requested \$						DELETE	1001
I decline to use MEMO's Vendor Payments program at this time. I may enroll in MEMO's Vendor Payments program at a later date. By declining to use MEMO's Vendor Payments program, I understand that the use of MEMO money orders to pay vendors is prohibited and may result in termination of the money order agency relationship.							
AUTHORIZED DELEGATE/AGENT SIGNATURE: DA							OATE:
CREDIT DECISION: APPROVED   DENIED  BY: DA							DATE:
COMMENTS:							