

VENDOR PAYMENTS REQUEST FORM



STORE NAME: _____ LEAD#: _____ 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 _____ 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 \$ _____

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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: _____ **DATE:** _____

CREDIT DECISION: APPROVED DENIED **BY:** _____ **DATE:** _____

COMMENTS: _____