



New Vendor Set-Up Request Form  
Must provide all information or vendor **will not** be set up.

**Vendor Information**

Name: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Business:    Corporation            Limited Liability Company            Sole Proprietor            Non-Profit  
                                 Partnership/Limited Partnership

**Accounts Receivable Information**

Name: \_\_\_\_\_

A.R. Email: \_\_\_\_\_

A.R. Phone Number: \_\_\_\_\_

**Remit Payment To *(if different from address above):***

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Are you related or affiliated with anyone employed by Nueces County Community Action Agency? If so, who?

\_\_\_\_\_

NCCAA adheres to all aspects of the Davis-Bacon Act. All contractors and subcontractors performing on federally funded or assisted contracts in excess of \$2,000 for the construction, alteration, or repair (including painting and decorating) of public buildings or public works and are under contract with the agency are paid no less than the locally prevailing wages and fringe benefits for corresponding work/projects.

By agreeing to be one of our vendors, you are acknowledging the required documentation (example WH-347) for Davis-Bacon Act will be turned in with invoices before payment is released.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

***Please submit this form, a copy of your W-9 and certificate of insurance to vendors@nccaatx.org.***

*Please have the certificate of insurance showing Nueces County Community Action Agency at 101 South Padre Island Drive Corpus Christi, Texas 78405 as an additional insured.*



Electronic Funds Transfer Form

Vendor Information

Company Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Financial Institution

Name of Bank: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Routing Number (*must be 9 digits*): \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account (*circle one*):      Checking      Savings

Bank Contact Name: \_\_\_\_\_

Bank Contact Title: \_\_\_\_\_

Bank Contact Telephone Number: \_\_\_\_\_

Bank Contact Email Address: \_\_\_\_\_

Memo (*if any*): \_\_\_\_\_

\_\_\_\_\_

**If you are wanting to be paid by ACH, please ask your financial institution for a verification letter.**