



New Vendor Relationship Form

SCPA Works is very excited to do business with you. We request that you provide us with this minimal information so we can effectively process payments and respond promptly to any business issues.

Please note the following:

- All vendors must be willing to accept 30-day terms. We are a state funded non-profit organization and require that time to request funds for payment
- All vendors must provide us with a completed and signed W-9 Form
- We are a tax-exempt organization; our tax-exempt documentation is included in this packet. Please make sure our account is set up as such
- Please forward all Electric Invoices and communications to scpaworks@capturemybills.com
- Please add the following staff to our account who can speak on billing and service-related issues: Stacy Keller, Katie Conaway, and Chris Bonneau

Business Name: _____

Payment Remit Address:

_____, STATE: ___ ZIP: _____

Customer Service Phone Number: (____) ____ - _____

Relationship Contact:

Prefix: __ **First Name:** _____ **Last Name:** _____

Position/Title: _____ **Phone:** (____) ____ - _____

Contact or Customer Service Email: _____

Is your Organization classified as a Non-Profit? YES NO

How would you prefer to receive payments? CHECK ACH

If you have chosen ACH, Please complete the attached ACH Authorization form and return it to ap@scpaworks.org.