New Vendor Setup Form



Part I - Property Section				
Choose One:	New	Change		If change, enter existing Bell Vendor #
Vendor will be used for:	Operations	Rehab		
		Nelido		Both operations & rehab
Property Name:				Prop #:
Requestor (Print & Sign):	Print name and title		Sign	Date:
Part II - Vendor Section Vendor Name:				
Remittance Address:				
Vendor Phone:		Vendo	r Fax:	
			T d	
Vendor Email:				
Federal Tax ID: OR				
Name on SSN:			SSN:	
Is Vendor Incorporated	Yes	No		
				Other (describe)
Payment Terms (choose one):	30 Day	45 Day		Other (describe)
Do you offer early pay discounts?	No	Yes	If yes, explain:	
Type of Business:	ent to register and be approved in Vendor Cred	lestialing Pealpage a	s well as the requirer	ment to register for
	through Yardi P2P. I understand both requiren are fees associated with each requirement. I al		current and accurate	
	Print		Sign	
Part III - Standard Exemptions or Special	Vendors			
Standard Exemptions:	Municipalities/City Governme	ent/Courts		Nonprofit
	State/County Government/County Government/Governmenty Government/G	ourts		Insurance Company
	National Government/IRS/Co	ourts		Health Provider
	Police, Fire, Ambulance School District			Utility Company Cell Phone/Pagers
	University/College			Newspaper
	Mortgage Co, Lender, Credit,	Bank	_	Church
	Professional Association			Restaurant/Caterers
	Resident/Employee Reimburg	sement		Attorney
Emergency Vendor already used:	Vendor will be used again			Vendor will not be used again
	Vendor will be added to CD and expected to comply with VMP			"One-time" vendor
	.,,,,			
Part IV - RM Approval	I approve the use of this vendor as there is not a	a suitable vendor alrea	ady established at Bell	to service this property.
	I also understand that "one-time" vendors canno	ot be used a second ti	me without complying	; with VMP.
RM Name (Print & Sign):				Date:
	Print		Sign	
Part V - Home Office Use				
Vendor Credentialing Realpage Complete		Vendor Cred	entialing Realpage #:	
E-Invoice Registration Complete:		Yardi Vendor		
Date Property Notified:				
Date Hoperty Notified.		AP Initials:		