



Vendor Information

Please complete the following information to insure we are able to issue payments and place orders efficiently. Please return this completed form by email to: yhackler@butlercc.edu, fax 316.323.6010 or mail to the address below.

All invoices must be emailed to: AccountsPayable@Butlercc.edu or faxed to: 316.323.6010

Your W9 is required in addition to this document.

Date: _____

Section 1 –Vendor Information

Business Name		EIN/SSN/ or **Please provide W9	
DBA		Remittance Advice Email Address	
Remittance Address		City, State, Zip	
Accounts Receivable Contact Name		Accounts Receivable Contact Phone Number	

Section 2 – Order Information

Contact Name (for orders)		Contact Phone Number (for orders)	
Purchase Order Email Address		FAX Number (for orders)	
Mailing Address		City, State, Zip	

Section 3 – ACH/EFT Payment Information

Financial Institution		Checking <input type="checkbox"/>	Type of Account	Savings <input type="checkbox"/>
Address				
City, State, Zip		Account Number		
Bank Contact Name				
Phone Number		Routing number (9 digits)		

Section 4 – If you would like to receive your payment by Credit Card – Please provide the following:

Contact Name	Contact Phone number	Contact E-mail address

Return this form to:

Butler Community College
 Attn: Yolanda Hackler
 901 S Haverhill Rd
 El Dorado, KS 67042
 Phone: 316.322.3219

All invoices must be emailed to: AccountsPayable@Butlercc.edu or faxed to: 316.323.6010