



SE Net - PO Box 111 Harrison Ohio 45030

NEW VENDOR FORM - fill out completely to be approved.

Registered Company Name / DBA

Address1 (PO Boxes not permitted)
Terms offered _____

Address2

City

A/R Phone

State Zip -

Corp, LLC or Sole Prop?
(Submit W9 if sole prop)

A/R Email

SE Net account number _____

A/R Contact Name

PO's Required? Yes No

If Web portal available for payment, provide URL and directions to setup.

Will the vendor accept the AMEX Purchasing-Card? Yes No

Bank Information for electronic deposit:

Bank Name

Bank Routing Number

Provide blank check image

Bank Account Number

I authorize SE Net to remit payments into the bank account listed above. Yes

All invoices need to be emailed to Accounting@S-E.Net

Approver must be Business Unit Controller or a designee with check signing authority

Controller/Designee (print) _____ Position _____

Signature _____ Date _____ Phone No _____

Complete, sign and return this form to Accounting@S-E.Net 513.738.7200

SE NET Accounts Payable Department Use Only

Set-Up By _____ Date _____ Approved by Owner _____