



Fayetteville
Public Library



Foundation

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faylib.org

Vendor Form

(* indicates required field)

* Preferred business name:

(Please note your organization's legal name will be obtained from Form W-9, line 1. However, if you have another preferred business name, such as a DBA, please provide that here.)

* Remittance Address:

* City:

* State:

* ZIP:

* Phone (accounting contact):

* Email (accounting contact):

Alternate email:

Website:

Term (for example, N30):

* Would you like to receive electronic payments via ACH?

Yes No

If yes, please complete all of the following:

Routing number:

Account number:

Account type:

Checking Savings

Voided check copy or bank authorization letter must be included with this form in order to receive ACH payments.

* Would you like to opt in to receive access to our Stampli Vendor Portal? This allows you to view the status of your organization's invoices & send invoice questions to FPL's Finance & Human Resources team.

Yes No

If yes, please complete all of the following for the user you'd like to be invited to the portal:

Email:

First & last name:

Phone:

* Requested by name:

* Signature:

* Title:

* Date: