



InvenTrust Properties

InvenTrust Properties New Vendor Application

Date: _____ Business Name: _____
(Please use the same legal name as on the W-9)

Attention: _____

Remit To Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Cell: _____ Other: _____

Email: _____

Would you like to Receive Payment Earlier Than Standard Terms?

If yes, do you accept Visa or MasterCard Credit Card Payments?

Yes

No

Please enter an e-mail address you would like the quick Credit Card Payment information to go to:

Email: _____

Approved invoices could be paid as quickly as 10 days from invoice receipt date

Click this link for Credit Card Payment information and sign up

Submit this form to your contact at InvenTrust, along with:

- _____ Signed W-9
- _____ Completed Insurance Certificate **Required prior to performing work or making deliveries on site** Terms are per Service Agreement

Questions?

Please contact InvenTrust Properties Accounts Payable:

Email: aphelpdesk@inventrustproperties.com

Phone: 630.570.0700 - request the A/P Department

Required	
InvenTrust Contact: _____	<i>New</i>
Property # or Name: _____	<i>Change</i>
JDE Supplier #: _____	<i>Reactivate</i>
Contract/Agreement *please attach*	Yes No
If No, Explanation: _____	
Trade Type: _____	(see Vendor COI Codes and Levels)
Additional Notes: _____	