

InvenTrust Properties New Vendor Application		
Date:	Business Name:	
Attention:		(Please use the same legal name as on the W-9)
Remit To Address:		
City, State, Zip		
Phone:		Fax:
Cell:		Other:
Email:		
Would	you like to Receive Paymer	nt Earlier Than Standard Terms?
	If yes, do you accept Visa or Maste	
Yes No Please enter an e-mail address you would like the quick Credit Card Payment information to go to:		
Email:		
A	Approved invoices could be paid as quick	ly 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 InvenTru Signed W-9	ust, along with:
	Completed Insurance Certificate	**Required prior to performing work or making deliveries on site** Terms are per Service Agreement
Questions?		
Email: <u>aphel</u>	ct InvenTrust Properties Accounts F pdesk@inventrustproperties.com 570.0700 - request the A/P Depart	
	Require	ed
InvenTrust Cor		New
Property # or N JDE Supplier #:		Change Reactivate
Contract/Agree	ement <u>*please attach*</u> ion:	Yes No

(see Vendor COI Codes and Levels)

Trade Type:

Additional Notes: