



NEW VENDOR & (ACH) PAYMENT FORM

Please select which Mobex Global facility you work with:

- Alabama Albion Avilla Edon Franklin Fruitport Southfield Technical Center Workholding

Vendor Information:

Vendor Name: _____

Address: _____

City/State/Zip Code: _____

Remittance Address: _____

Remittance City: _____ State: _____ Zip Code: _____

Contact Name(s): _____ Phone #: () _____

E-Mail Address(es): _____

Banking Information:

Vendor’s Bank Name: _____

Bank Address: _____

Bank’s City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone #: () _____

ACH ABA Routing #: _____ Account #: _____

Account Type
(please check only one) Checking Savings

Vendor’s Authorization:

Please sign below to confirm that you are authorizing Mobex Global to begin transferring payments for your invoices to the account mentioned above.

Signature

Title

()

Phone Number

Date

Please attach a completed W-9 form along with an account verification letter from your bank to authorize payments. Please also include a certificate of liability and workers comp information.

If you have any questions please contact our Accounting Department.

supplier@MobexGlobal.com