	VENDOR FILE REQUEST FORM
NEW	UPDATE
VA FACILITY INFORMATION STATION NUMBER	PAYEE/VENDOR INFORMATION
STATION NOWIBER	COMMERCIAL VENDOR REGISTERED IN SAM.GOV (Required IAW FAR 4.1102)
STATION CONTACT	DUNS NUMBER
STATION PHONE NUMBER STATION FAX NUMBER	DUNS+4
STATION EMAIL ADDRESS	SSN/TIN
PAYEE/VENDOR TYPE (Select one) F - FEDERAL AGENCY  C - COMMERCIAL FACTS ID	NPI
□ E - EMPLOYEE       □ O - FOREIGN         □ I - INDIVIDUAL/HONORARIUM       □ A - AGENT CASHIER	SMALL BUSINESS - VENDOR MUST BE QUALIFIED AS SMALL BUSINESS IN SAM OR FURNISH SBA CONFIRMATION
U - UTILITY U - UTILITY	VENDOR NAME
MISCELLANEOUS ACTIONS (Select one)  WINRS  ASSIGNMENT (All applicable documents)	DBA
☐ BILL OF COLLECTIONS ☐ SETTLEMENT/TORTS ☐ ALAC/LGY ACCOUNT #	CONTACT
	EMAIL ADDRESS
FOR QUESTIONS REGARDING THIS FORM:  NVF CONTACT INFORMATION:	PHONE NUMBER
NATIONWIDE VENDOR FILE CUSTOMER SERVICE: EMAIL: VAFSCVENDOT@VA.GOV	CURRENT ADDRESSS (Include Street, City, State and Zip Code)
FOR ALL OTHER INQUIRIES:	
CUSTOMER CARE CENTER: 1-877-353-9791 STATION CARE CENTER: 1-866-372-1141	PREVIOUS ADDRESSS (Include Street, City, State and Zip Code)
SUBMIT ALL DOCUMENTATION VIA: SECURE FAX: 512-460-5221	
	EFT/ACH (Required IAW 31 CFR Part 208)
	BANK NAME
	BANK ADDRESSS (Include City, State and Zip Code)
	NINE DIGIT DANK DOUTING AN IMPED
	NINE-DIGIT BANK ROUTING NUMBER
	ACCOUNT NUMBER
	ACCOUNT TYPE
	CHECKING SAVINGS PAYEE/VENDOR PRINTED NAME & TITLE
	SIGNATURE

NORMAL PROCESSING TIME IS 3 - 5 BUSINESS DAYS. WE DO NOT ACCEPT INVOICES