

# Equity Residential Vendor Onboarding Form

## VENDOR NAME

Business Name or DBA (this is the name that will be used for payments)

## REMITTANCE ADDRESS – Where payments should be sent

Street Address

City:

State

Zip Code

## CONTACT INFORMATION:

Contact Name

Telephone Number

Email Address

Services Provided

## PAYMENT METHOD

Please check your preferred payment method (only one):      Direct Deposit(ACH)      Credit Card      Check

Note: If you check ACH, please provide a copy of a voided check or bank letter matching ACH information

If you select ACH, list an email address for payment/remittance information:

## ACH (DIRECT DEPOSIT) ACCOUNT INFORMATION:

Bank Name

Type of Account

Checking

Savings

Bank Routing Number (9 digits):

Bank Account Number

## OPSTECHNOLOGY INFORMATION:

Are you currently registered with OpsTechnology as an OPS MERCHANT Vendor?      Yes      No

If so, list your merchant supplier code.

Will your company bill us online through Ops Technology?      Yes      No

Would you like more information about becoming a vendor with OpsTechnology?      Yes      No

Please select all that apply or none of the above: *(At least one box must be checked)*

Minority

Women Owned

Women Owned Small Business (WOSB)

Large Business

Small Business

Small Disadvantaged Business (SDB)

Veteran Owned Small Business

Historically Black Colleges and Universities (HBCU) and Minority Institutions

HUBZone Small Business (HUBZone SB)

Serviced-Disabled Veteran-Owned Small Business

Alaska Native Corporations (ANCs) and Indian Tribes that are not Small Business

Alaska Native Corporations (ANCs) and Indian Tribes that have not been certified by the Business Administration as small Disadvantaged Businesses

*None of the Above*