



Vendor Information Form

Level 4 Certified
Servicing Integrator

We provide innovative
robotic solutions from
concept to install and 24/7
service and support for
complete customer
satisfaction.



Vendor Name

Vendor Physical Address

Vendor Remit to Address

Federal ID (Attach W9)

1099 Reportable

 Yes No

Requested Payment Terms

Website

Finance Contact (AR Contact)

Name

Email

Phone

Fax

Sales Contact (Inside Sales Rep)

Name

Email

Phone

Fax

Sales Contact (Outside Sales Rep)

Name

Email

Office Phone

Mobile Phone

Fax Number

