



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



Vendor ACH Authorization Agreement

Level 4 Certified Servicing Integrator

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



Authorization Agreement

Vendor hereby authorizes Motion Controls Robotics, Inc. to initiate ACH credits to the financial institution designated below. This Authorization Agreement is valid until rescinded by the vendor or Motion Controls Robotics, Inc.

Motion Controls Robotics, Inc. is not responsible for ACH payment errors due to inaccurate information provided by the Vendor, the designated financial institution, or fraudulent activities beyond Motion Controls Robotics, Inc.'s control.

Vendor Information (required information)

Vendor Name

Address

Phone

Fax

Contact Name/Title

Contact Phone Number

Contact Email

Remittance Email

Financial Institution Information (required information)

Bank Name

Address

Phone

Bank Routing Number (required 9 digits)

Checking Account Number

Name on Bank Account

Vendor Information Form

Authorized Signature

Date

- ☒ attach a copy of a voided check
- ☒ do not use deposit slip or temporary check
- ☒ email completed forms to accounting@motioncontrolsrobotics.com