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iPROMOTEu.com

Vendor Terms Acknowledgement Form

I, _____, by signing this form, am acknowledging acceptance of the terms for payments from ipromoteu on behalf of its Affiliates.

Payment Term options (select only one)

- I will accept payments by Credit Card within 10 business days of invoice date

- I will accept payments via ACH within 45 days from invoice date; please complete attached electronic payment authorization form if selecting this method.

Vendor Name

Date

Vendor Representative

Title

This form must be returned to vendorrelations@ipromoteu.com so you can be properly set up in our purchasing and accounts payable systems.



Electronic Payment Authorization

Please complete and return to APTEAM@iPROMOTEu.com or fax to 508.653.4411

Allowing iPROMOTEu to make payments electronically (via ACH) will allow us to pay you in a more timely manner. We need some of the information below in order to be able to make sure these payments are delivered correctly. If you have any questions please contact AP Team (apteam@iPROMOTEu.com).

ABA/Routing Number: _____

Bank Name: _____

Account Number: _____

Bank Address: _____

Account Type (Chk/Sav) _____

Company Name
(Name On Account): _____

Address on Account: _____

Remittance E-mail: _____

Authorization: I hereby authorize iPROMOTEu, Inc. to deposit payments to our account listed above.

Authorizing Signature: _____

Name Printed: _____

Date: _____