



Vendor Terms Acknowledgement Form

, by signing this form, the terms for payments from ipromoteu or			
options (select only one)			
t Card within 10 business days of invoice			
☐ I will accept payments via EFT within 45 days from invoice date; please compete attached electronic payment authorization form if selecting this method. Also check the box below for the currency type you will be invoicing in.			
☐ USA Dollars			
Date			

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



Electronic Payment Authorization

Please complete and return to apteam@IPROMOTEu.com or fax to 508-653-0872 Attn: Accounts Payable

Allowing iPROMOTEu to make payments electronically (via EFT) 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 accounts payable at 508-653-4410.

Bank: —			
Institutio	n # (3 or 4) Transit # (5 digits)		Account Number
	CC Code		
Company Name			
		Dank Name	
(Name on Account):		Dank Name: _	
Address on Account:		Bank Address:	
		-	334.36
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		_	
Remittance E-mail:			
Authorization: I hereby authorize iPROMOTEu, Inc. to deposit payments to our account listed above.			
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Authorizing Signature:			
Name rimted.			
Date:			