



## New Company Set-up Form

RETURN COMPLETED FORM AND W9 TO: [purchasing@h-gac.com](mailto:purchasing@h-gac.com)

Company Legal Name (as shown on Federal Tax return): _____	
DBA Name: (if different from above): _____	
Taxpayer Identification Number: _____	DUNS Number: _____
Do you require a 1099?:	Yes                  No

MAILING ADDRESS FOR PAYMENTS:			
Street: _____			
City: _____	State: _____	Zip Code: _____	
Contact Person: _____	Phone: _____		
Email Address: _____			

Is your business currently a Certified Small Business (SBA), Minority (MBE) or Disadvantaged (DBE)? _____ if yes, please attach copy of your certificate.
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Will you accept Purchase Orders?                  Yes                  No
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Signature of person authorized to sign on behalf of the above named Company/Firm:	
Signature: _____	Title: _____
Print Name: _____	Date: _____

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**TO BE COMPLETED BY H-GAC STAFF:**

H-GAC Dept: \_\_\_\_\_ H-GAC Employee \_\_\_\_\_

Description : \_\_\_\_\_  
(Need for company set-up)



## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

The Houston-Galveston Area Council is hereby authorized to credit the following account in lieu of any other payment method for amounts owed to us for goods delivered or services rendered. Furthermore, the Houston-Galveston Area Council is also authorized to debit the same account in an amount not to exceed the original credit for any erroneous deposits. The vendor agrees to notify the Houston-Galveston Area Council of any changes which may affect this agreement within 24 hours.

### Section 1 - Banking Information

Check One          Checking          Savings

Depository Name (Financial Institution): \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Depository Address: \_\_\_\_\_

### Section 2 - Vendor Information

Tax ID Number: \_\_\_\_\_

Individual/Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Accounts Receivable Contact: \_\_\_\_\_

Email Address for Remittance Advice: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Section 3 - Authorized Signature

Signature of person authorized to sign on behalf of the above named Company/Firm:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

*This authorization will remain in effect until written notification has been provided to the Houston-Galveston Area Council with different instructions.*