

VCM - Vendor/Customer Modification Document

Header Section

▼ General Information

Vendor/Customer :	<input type="text"/>
Legal Name :	<input type="text"/>
Headquarters Code :	<input type="text"/>
Document Name :	<input type="text"/>
Record Date :	<input type="text"/>
Document Description :	<input type="text"/>
Tracking Number :	<input type="text"/>
Prefix :	<input type="text"/>
VSS-Initiated :	<input type="checkbox"/>
Changes Rejected :	<input type="checkbox"/>

▼ Legal Name Change

Organization Type :	<input type="text"/>
Company Name :	<input type="text"/>
First Name :	<input type="text"/>
Middle Name :	<input type="text"/>
Last Name :	<input type="text"/>

▼ Extended Description

Extended Description :	<input type="text"/>
Send Comments to Vendor :	<input type="checkbox"/>

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Headquarters Section

▼ General Information

Line Action :

Headquarters :

Headquarters Legal Name :

Catalog DUNS # :

Web Address http:// :

Franchise Account :

Legal Name Changed :

▼ Location Information

Vendor Verification Based On :

Vendor Verification Password :

Confirm Password :

Vendor/Customer Section

Line Action :

Vendor/Customer :

▼ General Information

Alias/DBA : Restrict Use by Department :

Location Name : Summary Account :

Legal Name : Internal Account :

Department : Third Party Only :

Unit : Third Party Vendor :

Third Party Customer :

▼ Headquarters

Headquarters Account : Web Address http:// :

Headquarters Account Code : Catalog DUNS :

Headquarters Account Legal Name : Franchise Account :

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▼ Organization

Organization Type :	<input type="text"/>	1099 Indicator :	<input type="text"/>
Classification :	<input type="text"/>	Taxpayer ID Number :	<input type="text"/>
Number of Employees :	<input type="text"/>	Taxpayer ID Number Type :	<input type="text"/>
Merchant ID :	<input type="text"/>	W-8 Form :	<input type="text"/>
Sex :	<input type="text"/>	Tax Profile :	<input type="text"/>
Date of Birth :	<input type="text"/>	Tax Profile Name :	<input type="text"/>
Marital Status :	<input type="text"/>	EBIC Number :	<input type="text"/>
Annual Income :	<input type="text"/>	IAEC Number :	<input type="text"/>
		Web Address http:// :	<input type="text"/>

▼ Disbursement Options

Category :	<input type="text"/>	Hold Payment :	<input type="checkbox"/>
Description :	<input type="text"/>	Hold Payment Authorized By :	<input type="text"/>
Default Type :	<input type="text"/>	Hold Reason :	<input type="text"/>
Default Priority :	<input type="text"/>	Prevent New Spending :	<input type="text"/>
Default Format :	<input type="text"/>		
Default Format Description :	<input type="text"/>		
Scheduled Payment Day :	<input type="text"/>		
Single Payment Indicator :	<input type="checkbox"/>		
Name on Check :	<input type="text"/>		

▼ Prenote/EFT

Generate EFT Payment :	<input type="checkbox"/>	EFT Format :	<input type="text"/>
ABA Number :	<input type="text"/>	EFT Format Description :	<input type="text"/>
Bank Name :	<input type="text"/>	EFT Status :	<input type="text"/>
Account Type :	<input type="text"/>	Hold Reason :	<input type="text"/>
Account Number :	<input type="text"/>		
Routing ID Number :	<input type="text"/>		
Prenote Return Reason :	<input type="text"/>	Prenote Return Reason Explanation :	<input type="text"/>
Prenote Return Reason Message :	<input type="text"/>		

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▼ Remittance Advice

Remittance Advice Required :

Remittance Advice Format :

Remittance Advice Format Description :

▼ Vendor Terms

Number of Days 1 : Number of Days 3 :

Discount Percent 1 : Discount Percent 3 :

Discount Always 1 : Discount Always 3 :

Number of Days 2 : Number of Days 4 :

Discount Percent 2 : Discount Percent 4 :

Discount Always 2 : Discount Always 4 :

▼ Accounts Receivable

Default Receipt Type :

Bill Headquarters :

Default Billing Profile :

Third Party Code :

Cost Accounting Funding Type :

Third Party Name :

Credit Card Type :

Third Party Approved By :

Credit Card Number :

Third Party Approved On :

Name on Card :

Credit Card Expiration Month :

Third Party Reason :

Credit Card Expiration Year :

▼ eMALL

Ordering DUNS : Preferred Ordering Method :

Internet Catalog : Pcard Acceptance Level :

VSS Registered :

▼ Summary of Approval Modifications

Legal Name Changed :

Taxpayer ID Number Changed :

Taxpayer ID Number Type Changed :

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1099 Reporting Information Section

Line Action :

Vendor/Customer :

▼ Add New Taxpayer

New Taxpayer ID Number : New Taxpayer ID Number Type :

▼ Modify Existing Taxpayer

Existing Taxpayer ID Number : Existing Taxpayer ID Number Type :

▼ Taxpayer Information

Name :	<input type="text"/>	Last Name :	<input type="text"/>
Names :	<input type="text"/>	Name Control :	<input type="text"/>
Address :	<input type="text"/>	Chg affects Prev Yr :	<input type="checkbox"/>
City :	<input type="text"/>	Backup Withholding :	<input type="checkbox"/>
State :	<input type="text"/>	1099 Reportable :	<input type="checkbox"/>
ZIP Code :	<input type="text"/>	1042-S Reportable :	<input type="checkbox"/>
		Bypass Address Validation :	<input type="checkbox"/>

▼ 1042-S Reporting Information

Country Code :	<input type="text"/>	Income Code :	<input type="text"/>
Country Name :	<input type="text"/>	Income Code Name :	<input type="text"/>
Country Tax Rate :	<input type="text"/>	Exemption Code :	<input type="text"/>
Withholding Allowance :	<input type="text"/>	Exemption Code Name :	<input type="text"/>
		Recipient Code :	<input type="text"/>
		Recipient Code Name :	<input type="text"/>

▼ Summary of Approval Modifications

Legal Address Changed :

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Master Address Section

Line Action :

Headquarters :

▼ Add New Master Address

Address ID :

Auto-Generate :

▼ Modify Existing Master Address

Address ID :

▼ Address Information

Street 1 :

County :

Street 2 :

County Name :

City :

Country Phone Code :

State/Province :

Phone :

Zip/Postal Code :

Phone Extension :

Country :

Bypass Address Validation :

Address Information Section

Line Action :

Bypass Address Validation :

Vendor/Customer :

▼ Add New Address

New Address Type :

New Address ID :

Auto-Generate :

▼ Modify Existing Address

Existing Address Type :

Existing Address ID :

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▼ Address Information

Street 1 :	<input type="text"/>	Country Phone Code :	<input type="text"/>
Street 2 :	<input type="text"/>	Phone :	<input type="text"/>
City :	<input type="text"/>	Phone Extension :	<input type="text"/>
State/Province :	<input type="text"/>	County :	<input type="text"/>
Zip/Postal Code :	<input type="text"/>	County Name :	<input type="text"/>
		Country :	<input type="text"/>

▼ Other Address Information

Division/Department :	<input type="text"/>	Active From :	<input type="text"/>	
Additional Address Info. :	<input type="text"/>	Active To :	<input type="text"/>	
Default Record :	<input type="checkbox"/>	Active Address :	<input type="text"/>	
Mail Returned :	<input type="checkbox"/>			

▼ Contact Information

Principal Contact ID :	<input type="text"/>	Phone Extension :	<input type="text"/>
Auto-Generate :	<input type="checkbox"/>	Alternate Phone :	<input type="text"/>
Principal Contact :	<input type="text"/>	Alternate Phone Extension :	<input type="text"/>
English Spoken :	<input type="checkbox"/>	Fax :	<input type="text"/>
Correspondence Type :	<input type="text"/>	Fax Extension :	<input type="text"/>
Email :	<input type="text"/>	Alternate Fax :	<input type="text"/>
Phone :	<input type="text"/>	Alternate Fax Extension :	<input type="text"/>

▼ Contact Address Information

Street 1 :	<input type="text"/>	Zip/Postal Code :	<input type="text"/>
Street 2 :	<input type="text"/>	County :	<input type="text"/>
City :	<input type="text"/>	County Name :	<input type="text"/>
State/Province :	<input type="text"/>	Country :	<input type="text"/>

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Customer Account Section

Line Action :

Vendor/Customer :

▼ Add New Customer Account

Billing Profile :

Dept :

Unit :

▼ Modify Existing Customer Account

Billing Profile :

Dept :

Unit :

▼ Customer Account Information

Address ID :

Suppress Billing :

Billing Type :

Suppress Past Due Billing :

Final Statement :

Bill Parent :

Billing Location :

Electronic File Type :

Collection Cycle :

File Prefix :

▼ Third Party Options

Third Party 1 : Third Party 6 :

Address ID : Address ID :

Third Party 2 : Third Party 7 :

Address ID : Address ID :

Third Party 3 : Third Party 8 :

Address ID : Address ID :

Third Party 4 : Third Party 9 :

Address ID : Address ID :

Third Party 5 : Third Party 10 :

Address ID : Address ID :

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Business Type Section

Line Action :

Vendor/Customer :

▼ Add New Business Type

Business Type ID :

Business Type :

▼ Modify Existing Business Type

Business Type ID :

Business Type :

▼ Business Type Information

Certification No :

Certification Start Date :



Certification End Date :



Service Area Section

Line Action :

Vendor/Customer :

▼ Add New Service Area

Service Area :

Service Area Zone :

▼ Delete Existing Service Area

Service Area :

Service Area Zone :

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Commodity

Line Action :

Vendor/Customer :

▼ Add New Commodity

Commodity :

Commodity Description :

▼ Delete Existing Commodity

Commodity :

Last Solicited Date :

Commodity Description :

Last Date Awarded :

Authorized Department Section

Line Action :

Vendor/Customer :

▼ Add New Department

Department :

Authorized By :

▼ Delete Existing Department

Department :

Authorized on :

Authorized By :

Last Modified On :

Prevent Spending Section

Line Action :

Vendor/Customer :

▼ Add New Department

Department :

Authorized By :

▼ Delete Existing Department

Department :

Authorized on :

Authorized By :

Last Modified On :

VCM - Vendor/Customer Modification Document

Certification Section

Line Action :

Vendor/Customer :

▼ Certification Status

Vendor Active Status :

Customer Active Status :

Vendor Approval Status :

Customer Approval Status :

▼ Summary of Approval Modifications

Status Changed :