



### Vendor Enrollment Form

#### Company Information

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip : \_\_\_\_\_

#### Contact Information

Contact Name: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

\*Remittance Address(s): \_\_\_\_\_  
\_\_\_\_\_

#### Processing Information

Do you process credit card payments for your entire company? YES  NO

If NO, what location, region, division or state do you handle? \_\_\_\_\_

#### 

<p>Name: _____ (signature)    Date: _____</p> <p>Name: _____ (printed)</p> <p><b>Your signature acknowledges acceptance to begin receiving payments from (Client) via Visa Credit Card</b></p> <ul style="list-style-type: none"> <li>Please email the completed form to: <a href="mailto:accountspayabledepartment@BigLots.com">accountspayabledepartment@BigLots.com</a></li> </ul>
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