

Office Use Only:
 Vendor # _____
 Processed Date _____
 Initial _____
 Initial _____



**CHAUTAUQUA COUNTY DEPARTMENT OF FINANCE
 SUPPLIER PAY ENROLLMENT FORM:**

Must accept VISA payments to enroll in this program

All Fields are REQUIRED to enroll in this program

Company Name:	
Remittance Address:	
City:	
State:	
Zip Code:	
Contact Name:	
Contact Title:	
Contact Phone:	
*Remittance Email	
Tax ID	
CVV2 Required:	[Yes] [No]

*This is either a Receivable Department email or designated person to process card transaction payments. This email will be used for payment notification and questions regarding the processing of this payment.

I, _____, have the authority to enroll my organization in the Supplier Pay Program.

 Authorized Vendor Signature & Title

 Date