Vendor Record / EFT Establishment Form v-3.0 *(Feb 2026)*

General:

Establishing a vendor file is the first step to recording all transactions for a single vendor and exclusive to the Division of Accounts, Department of Administration. This file contains the following data for all permanent vendors and is used on a recurring basis by the Government of Guam.

1. **Name**
2. **Address**
3. **Type of business and business license**
4. **EIN/SSN (Tax purposes)**

Each vendor is automatically assigned a code consisting of **eight characters** called a "vendor number". The vendor code is required in the processing of transactions to identify the provider of goods or services, and to print the names and addresses on checks.

Each agency is responsible for updating their vendor's file as needed.

Vendor Records

Line-By-Line Instructions:

Form ACC-VNA001

1 – FROM
Enter the name of the department/agency requesting for a vendor number.

2 – NEW VENDOR
Check this box if request is for a new vendor.

Enter the complete and official name of vendor to be established.

Enter the mailing address of the vendor being established.

3 – CHANGE OF VENDOR RECORD
Check box if a change is being made to an existing vendor record.

- Enter the new name of vendor.
- Enter the new address of vendor.

4 – OTHER REQUIRED INFORMATION

a) **Taxpayer ID / Social Security Number (required for tax)**
Enter the taxpayer ID Number applicable to this vendor request. Needed for tax reporting purposes.

b) **Type of Product / Service**
Provide supporting documents for any changes (product or services).

Samples:
- Professional Services;
- Wholesale/Retail;
- Child care client;
- DISID/DVR client.

c) **Contact No. (work)**
Enter the business contact number.

d) **Contact No. (other)**
Enter the alternate contact number.

e) **Fax Number**
Enter the vendor's fax number.

f) **E-mail Address**
Enter a current email address.

5 – CHECK ALL APPLICABLE
Check the box applicable to the vendor type.

- Business License;
- Government Entity;
- Proper Identification.
- Petty Cash Custodian;
- Employee (GovGuam);
- Travel (GovGuam);
- Form W-9 (attached)

6 – ELECTRONIC FUNDS TRANSFER INFORMATION
All areas *must be complete*.

- **Bank Name and Address:** Full bank name (not initials) and complete mailing address is required.
  - **Checking**: Voided Check or Personalized Deposit Slip
  - **Savings**: Current Bank Statement
- **Account Number:** Complete account number
- **Routing Number:** Bank's routing information

7 – EXISTING VENDOR NUMBER (if any)

8 – VENDOR APPLICANT'S SIGNATURE / PRINTED NAME / PRINTED TITLE

a) Signature of the **Applicant** or his/her authorized representative.
Enter the name and title of the vendor or his/her authorized representative in this field.

b) Signature of the authorized **Government Official**.

Enter the name and title of the government official.

Department of Administration box

To be completed by Division of Accounts only.

NOTE: Required supporting documents **must be** attached to the Vendor Records / EFT Establishment application.

Attachments *(Where applicable)*

- Marriage license
- Current license (i.e. Business, Drivers, etc.)
- Passport
- Visa, Green-Card
- Proper identification (Photo ID with Signature)
- Court orders / Legal documents
- By-laws