



REALTRUCK

4414 SW College Road, Suite 1410
Ocala, FL 34474

☐ NEW ☐ CHANGE

NEW VENDOR REQUEST FORM

Please complete the following form & return with W-9

All invoices should be submitted to service-billing@realtruck.com

VENDOR NAME: _____

CONTACT NAME: _____

CONTACT EMAIL: _____

CONTACT PHONE: _____

BUSINESS ADDRESS: _____

REMIT ADDRESS: _____
(If not the same as above)

PAYMENT TERMS: _____

SIGNATURE: _____

Date: _____

** FOR INTERNAL USE ONLY **

Employee Requesting: _____

Date: _____

Department: _____

AP Team to Complete

AP Set Up: _____

Date: _____

AP Approver: _____

Date: _____

Vendor ID: _____