

# Vendor Payment Request

One vendor per Vendor Payment Request form. May include multiple invoices for one vendor  
 Submit completed and signed form to [vendorsolutions@extremereach.com](mailto:vendorsolutions@extremereach.com)  
 Include all copies of the invoices being paid and vendor W-9 form

REQUESTER INFORMATION	
Today's Date	Company Name
Address (City, State, Zip, Country)	
Contact Name	Email

VENDOR INFORMATION		
Vendor Tax ID #	Company Name	
Address (City, State, Zip, Country)		
Contact Name	Phone	Email

PROJECT INFORMATION			
Project Name		AD-ID	
Advertiser	Product	Brand	
Estimate #	PO #	Job #	

PAYMENT INFORMATION				
Invoice Currency		Payment Currency		Payment Issue Date
US Dollars	Canadian Dollars	US Dollars	Canadian Dollars	
Euros	British Pounds (GBP)	Euros	British Pounds (GBP)	

PAY TYPE				
By Check (check one):	US Mail	Overnight Courier	Wire	ACH

WIRE INFORMATION (COMPLETE IF REQUESTING THAT FUNDS BE WIRED)		
ABA Routing/SWIFT Code	Account Number	Bank Name

Payments via Wire **require a Bank Verification Letter** from the receiving bank confirming the bank details of the recipient.  
 Note: Payments to destinations outside of North America must be made via Wire.

PAYMENT CATEGORY			
Music Licensing	Intellectual Licensing	Independent Contractor	Agent Fees
Production	Production Managers	Hair Stylists	Makeup Artists
Catering	Rentals	Travel Reimbursement	Location Fees
Other (description required):			

Vendor Invoice #	Invoice Description	Invoice Amount
Total:		

TRANSMITTAL COMMENT (WILL BE SENT WITH PAYMENT)

AUTHORIZATION

Print Name

Signature

Phone

Email

Today's Date

NOTE TO XR VENDOR SOLUTIONS, INC.