

PAYMENT REQUEST FORM

Fax to: 1-775-562-8288

DEBIT ACCOUNT NO.: _____ Date (mm/dd/yyyy): _____

CORP/LLC NAME: _____

1. PAYMENT REQUESTED BY

Print Name:

(Client authorized signer)

Requested Payment Date
(mm/dd/yyyy):

**PAYMENTS ARE SUBJECT TO
CLEARED AND AVAILABLE FUNDS**

Signature:

2. TYPE OF PAYMENT

Check

Wire Transfer

3. AMOUNT

US DOLLAR CURRENCY:

\$ _____

OTHER:

\$ _____

Special Instructions:

4. PAYMENT TO

Payee Name and Complete Address:

Payment Reference:

Accounting Description (Internal):

5. SHIP TO ADDRESS (If wire mark, N/A)

6. SHIPPING METHOD (Charges will be billed to account)

Overnight Shipping

US Mail

Special Instructions:

7. WIRE/TELEGRAPHIC TRANSFER DETAILS:

Beneficiary Bank Name:

Beneficiary Bank Address:

Country:

Branch No.:

Federal Routing (ABA no.), or SWIFT Address, or Chips
UID:

Beneficiary Name:

Beneficiary Account Number:

8. REASON FOR REQUEST

This section must be completed fully and acceptable to accountant before payment request can be processed.

IF MORE INFORMATION IS NECESSARY, PLEASE INCLUDE IT IN THE NOTES SECTION

(CHECK ONLY ONE BOX)

A. Payment of a business expense for GOODS or MATERIALS:

A professional business invoice MUST be attached to this request.

B. Payment to a contractor for SERVICES performed WITHIN the United States:

A professional business invoice MUST be attached to this request.

Recipient is a US Person/Entity: The US recipient MUST provide IRS Form W-9.

Recipient is a Non US Person/Entity: Subject to US withholding Tax at 30%

C. Payment to a contractor for SERVICES performed OUTSIDE of the United States:

A professional business invoice MUST be attached to this request.

(No withholding required)

D. Distribution of profit to Owner:

Non US Persons are subject to US tax withholding at 30% or less if a Tax treaty exists**

F. Other: (Please explain):

** Payments made to non us persons in section 8. (b) And 8 (d) above are subject to U.S. taxation withholding requirements. The withholding tax rate is 30%. If the payment destination country has entered into a tax treaty with the United States then the tax rate may be reduced according to the terms of that treaty.

Signature

Date (mm/dd/yyyy)

PLEASE DO NOT FORGET TO ATTACH AN INVOICE PER 8. (a), (b) or (c) or IRS FORM W-9 PER 8. (b) ABOVE, OTHERWISE THIS PAYMENT REQUEST IS INCOMPLETE AND CANNOT BE PROCESSED. If this payment request is acceptable, it will be processed within 2 business days. If unacceptable we will notify you by email at you email address of record.

(FOR OFFICE USE ONLY)

Processor: _____ Confirmation No.: _____

Date Received: _____ (mm/dd/yyyy)

Funds are available in account

Authority of Requestor Confirmed

Client Identity Confirmed