

# Vendor ePayables Enrollment Form

Please submit the completed form to the Accounts Payable Inbox: acctspay@liberty.edu

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## Vendor Information

Vendor Name

Vendor ID

Vendor Address

City

State

Zip

Status

New vendor

Existing vendor changing payment option

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## Payment and Terms Information

Please select one of the following payment terms:

vCard, Net 10 days

ACH, 1% 20, Net 40

ACH, Net 40

Check, Net 45 days (default method)

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## Vendor Contact Information

Vendor AR Contact Name

Vendor AR E-mail Address to  
Receive Payment Notifications

Vendor AR Phone

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## For Internal Use Only

Buyer Name

Buyer Phone Number

Buyer E-mail

Special Terms or Instructions

If set-up process is not completed payment terms will default to Net 45.