

COMMONWEALTH OF PUERTO RICO

Original – A.C.C.  
1st Copy – Agency  
2st Copy – Agency

Agency \_\_\_\_\_

**PRIFAS**

**VENDOR'S REGISTER**

New       Modifying

Document Identification		Payment Handling	Economic Sector
Date	Vendor ID		
Name ( In case of individual indicate the name and last name)			
Name: _____			
Short Name (until 10 letter): _____			
Main Location: _____			
City: _____		Country: _____	Postal Code: _____
Telephone: _____		Fax: _____	
If the Invoice or Remitting address is the same, only select box			
<input type="checkbox"/> INVOICE:	Effective Date: _____		
Address: _____			
City: _____		Country: _____	Postal Code: _____
<input type="checkbox"/> REMITTING:	Effective Date: _____		
Address: _____			
City: _____		Country: _____	Postal Code: _____
*For Alternate Payment: <input type="checkbox"/> Credit of Cession <input type="checkbox"/> OPE <input type="checkbox"/> Other:			
Alternate Name I: _____			
Alternate Name I: _____			
Comments (Notes)			
Classification:		Supplier Type:	
<input type="checkbox"/> Vendor	<input type="checkbox"/> Employee	<input type="checkbox"/> Municipality	<input type="checkbox"/> OPE(SDO)
		<input type="checkbox"/> Permanent	<input type="checkbox"/> Regular
Purchase Order Dispatching:			
<input type="checkbox"/> Fax	<input type="checkbox"/> Telephone	<input type="checkbox"/> Mail	<input type="checkbox"/> EDI
Payment Control		Payment Method	
<input type="checkbox"/> Hold Payments	<input type="checkbox"/> Check	<input type="checkbox"/> EFT	<input type="checkbox"/> Manual
<input type="checkbox"/> Separate Payments	<input type="checkbox"/> Corporate Trade Exchange	<input type="checkbox"/> Electronic Transfer	<input type="checkbox"/> Other:
<input type="checkbox"/> Payments Discounts			
To Be Complete by The Agency		To be Complete by The Vendor	
I hereby <b>certify</b> that the information provided is correct.		I hereby <b>certify</b> that the information provided is correct.	
Date _____	Director or Agency Representative Signature and Name _____	Telephone _____	Date _____
		Vendor's Signature and Name _____	Telephone _____
To be complete by the Department of the Treasury			
By: _____		<input type="checkbox"/> Approved	<input type="checkbox"/> Inactivated
Date _____	Signature and Name _____	Date _____	Signature and Name _____

\* If you have alternate payments, please indicate in the comments section.

CONSERVATION: Six years or Controller's Audit, whatever comes first.