

VENDOR PAYMENT AUTHORIZATION FORM

Vendor Name: _____ Vendor ID: _____

Vendor Contact Information:

Address: _____

Phone Number: _____

Email Address: _____

Payment Details:

Invoice Number: _____ Invoice Date: _____

Payment Amount: _____ USD

Payment Method: _____

Payment Schedule / Terms: _____

Authorization and Certifications:

I hereby certify that the above payment request is accurate and valid, that all goods and services have been received satisfactorily, and that payment is due as specified. I authorize the payment to the above-named vendor in accordance with the terms agreed upon.

Vendor's Warranties and Representations:

Vendor represents and warrants that: (a) Vendor is duly authorized and qualified to transact business and enter into this agreement; (b) all goods and services supplied comply with all applicable laws and regulations; (c) Vendor holds all necessary licenses and permits; (d) all invoices are true and accurate; and (e) Vendor shall indemnify and hold harmless the payer from any claims arising out of this transaction.

Indemnification and Liability:

Vendor agrees to indemnify, defend, and hold harmless the payer, its employees, agents, and affiliates from any and all claims, damages, losses, liabilities, costs, and expenses arising from any breach of this agreement, negligence, or willful misconduct by Vendor or its agents.

Governing Law and Dispute Resolution:

This Payment Authorization Form shall be governed by and construed in accordance with the laws of the United States of America and the state in which the payer is located, without regard to conflict of law principles. Any dispute arising out of or relating to this agreement shall be resolved by binding arbitration in accordance with the rules of a recognized arbitration association agreed upon by the parties.

Confidentiality:

Both parties agree that all information exchanged in connection with this payment authorization shall be treated as

confidential and shall not be disclosed to any third party except as required by law or with prior written consent of the other party.

Entire Agreement:

This document constitutes the entire agreement between the parties with respect to the payment authorization and supersedes all prior or contemporaneous oral or written agreements. Any amendments must be in writing and signed by both parties.

AUTHORIZED SIGNATORY (Vendor)

Print Name: _____

Title: _____

Signature: _____

Date: _____

AUTHORIZED SIGNATORY (Payer)

Print Name: _____

Title: _____

Signature: _____

Date: _____

Original source of this document:

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