

Vendor Information Form (Selling to Kamps) - Non Pallet Suppliers			
 INNOVATIVE PALLET SERVICES		Return completed form to: Kamps Pallets ATTN: Accounts Payable 665 Seward Ave NW Ste 301 Grand Rapids, MI 49504 Or fax to: (616) 453-4373 ATTN: Accounts Payable Or email to: EFTvendors@kampspallets.com	
SELECT ONE: <input checked="" type="checkbox"/> New Business <input type="checkbox"/> Ownership Change <input type="checkbox"/> Name Change			
VENDOR LEGAL NAME		LLPS, Inc.	
VENDOR DBA NAME		Labor Law Posters Service LLC	
Taxpayer ID Number (EIN or SS)		83-2290181	
Who at Kamps are you working with?		Sara Gatlin	
REMITTANCE ADDRESS (REQUIRED)			
Attention to		Accounts Payable	
Address line 1		5859 W. Saginaw Hwy.	
Address line 2		#343	
City		Lansing	
State		MI	
Zip Code		48917-2460	
Kamps' Standard payment terms are Net 45 days, unless you offer a discount.		Discounted terms offered: <input type="text"/>	
Signature acknowledging 45 day terms:			
BILLING / ACCOUNTS RECEIVABLE CONTACT INFORMATION			
Contact Person / Dept		Customer Service	
Telephone Number		877-321-4144	
E-mail Address		cs@llpsinc.com	
BANK INFORMATION FOR PAYMENT VIA ACH (PREFERRED METHOD OF PAYMENT)			
FINANCIAL INSTITUTION:			
Account Type:		Checking: please attach bank letter or voided check	
		Savings account: please attach deposit slip	
Business or Personal Account:		Business	Personal
Bank Routing Number (9 digits)			
Bank Account Number			
PAYMENT NOTIFICATION - PRIMARY EMAIL MUST BE PROVIDED TO BE SET UP FOR ACH PAYMENT			
Primary E-mail to receive payment notification (Required)			
Second E-mail to receive payment notification (Optional)			
AUTHORIZATION			
I authorize Kamps Pallets to deposit payments by electronic funds transfer into the account designated above. I understand this authorization remains in effect until canceled in writing by: 1) an authorized representative of our organization 2) the financial institution or 3) Kamps Pallets Inc			
I Authorize Kamps Pallets to recover any funds electronically deposited in our account in error, either by adjusting the account or by withholding future payments for that amount. I understand we will be notified by Kamps Pallets if any adjustment needs to be made.			
Authorized Official Name and title (Printed)		 Michael Bishop - Operations Manager	
Authorized Official Signature and date		 Michael Bishop - 1/14/25	