

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@kamps-pallets.com

SELECT ONE: New Business Ownership Change 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 <input type="checkbox"/> Personal <input type="checkbox"/>
Bank Routing Number (9 digits)	
Bank Account Number	

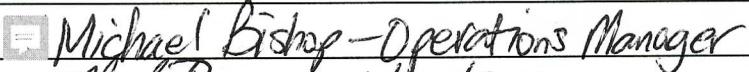
PAYMENT NOTIFICATION - PRIMARY EMAIL MUST BE PROVIDED TO BE SET UP FOR ACH PAYMENT

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