

Sam Houston State University AP Direct Vendor Enrollment Form

Sam Houston State University Vendor #					
Projected Annual Sales Volume to SHSU					
Business Legal Name					
Business DBA Name <i>(if Different)</i>					
Business Address 1					
Business Address 2					
City		State		Zip Code	
Business Phone				Website	
Contact Name				Contact Title	
Contact Phone				Contact Fax	
Contact E-Mail					
Federal Tax ID				Entity Type (Ex. Public, Private, Sole Ownership etc.)	
State of Incorporation				Month/Year Business Started	

Please complete this form and email to Boost Payment Solutions at vendorenrollment@boostb2b.com. A Boost representative will then contact the vendor to complete the enrollment process.

