

U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
Livestock and Poultry Program
Quality Assessment Division

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ACCOUNTS PAYABLE INFORMATION REQUEST

Submit Completed Form to: **USDA, MRP, AMS, L&P, QAD**
(Choose one option)
Business Operations Branch
10809 Executive Center Drive, Suite 318
Little Rock, AR 72211-6022

Email: QAD.BusinessOps@usda.gov
Telephone: 501-312-2962
Fax: 1-844-345-3575

APPLICANT INFORMATION

Check One: New Customer Revision to Applicant Account #: _____

NAME OF APPLICANT *(As shown on your income tax return)*: _____

DOING BUSINESS AS *(If applicable)*: _____

Tax ID Number: _____

This is the Corporate Tax ID number unless the entity submitting the application is an individual, then the Social Security Number is required. (Required by IRS).

ACCOUNTS PAYABLE DEPARTMENT MAILING ADDRESS:
(Street and NO. or P.O. Box; City, State, and ZIP Code + 4)

Accounts Payable Contact: _____

Accounts Payable Phone Number: _____

Accounts Payable Email: _____

Accounts Payable Fax: _____

Remarks: _____

FOR OFFICIAL USE ONLY

DATE RECEIVED:

RECEIVED BY: