

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](mailto: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: