



# American Payroll Association 2011 ONLINE VENDOR DIRECTORY CONTRACT

Your information will be posted online at [www.americanpayroll.org](http://www.americanpayroll.org) so that APA website visitors researching for payroll related services can search for your services!

This exclusive vendor directory is searchable from APA's homepage. Your listing in the online vendor directory is **\$200/yr.** Complete the information below and **fax it to 210/568-4078** or **email it to [vendorsupport@americanpayroll.org](mailto:vendorsupport@americanpayroll.org)**.

**Please print or type your company information: (This information will be posted online)**

Company name, as you would like it to appear: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Web site Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Sales/Product Info Contact: \_\_\_\_\_

Sales Phone: \_\_\_\_\_ Sales Fax: \_\_\_\_\_

30-word description of your product or service. (May also be provided in Word document). Please do not exceed your word count:

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The directory is cross-referenced by the type of product you provide. Please check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Application Service Provider (ASP)                  | <input type="checkbox"/> Systems Consulting/Custom Payroll and HR Programming |
| <input type="checkbox"/> Banks   | <input type="checkbox"/> Systems Security                                     |
| <input type="checkbox"/> Benefits Administration                             | <input type="checkbox"/> Tax Filing Related Software                          |
| <input type="checkbox"/> Biometric Technology                                | <input type="checkbox"/> Tax Filing Service Bureau                            |
| <input type="checkbox"/> Business Continuity                                 | <input type="checkbox"/> Time and Attendance Hardware/Equipment               |
| <input type="checkbox"/> Employee Assistance Programs (EAP)                  | <input type="checkbox"/> Time and Attendance Software                         |
| <input type="checkbox"/> Employee Self Service (ESS)                         | <input type="checkbox"/> Unemployment Compensation Administration             |
| <input type="checkbox"/> Enterprise Resource Planning (ERP)                  | <input type="checkbox"/> Voice Response Technology                            |
| <input type="checkbox"/> Forms/Check Suppliers - Business Form Supplier      | <input type="checkbox"/> Web Based  |
| <input type="checkbox"/> Forms/Check Suppliers - Printing Technology         | <input type="checkbox"/> Wellness Service Providers                           |
| <input type="checkbox"/> Forms/Check Suppliers - Scanner/Folder/Sealer       | <input type="checkbox"/> AP 1099 Services and VAT Recovery                    |
| <input type="checkbox"/> Global Payroll Services                             | <input type="checkbox"/> AP Audit Recovery and Duplicate Payments Software    |
| <input type="checkbox"/> Independent Payroll Processing System               | <input type="checkbox"/> AP Disbursements Software                            |
| <input type="checkbox"/> Integrated Payroll Processing/Human Resource System | <input type="checkbox"/> AP Document Imaging and Workflow                     |
| <input type="checkbox"/> Labor Management                                    | <input type="checkbox"/> AP ePayables   |
| <input type="checkbox"/> Other   | <input type="checkbox"/> AP Laser Check Printing                              |
| <input type="checkbox"/> Other Consulting Systems                            | <input type="checkbox"/> AP Miscellaneous                                     |
| <input type="checkbox"/> Payroll Card Provider                               | <input type="checkbox"/> AP Outsourcing and Telecom Expense Management        |
| <input type="checkbox"/> Payroll Processing Service Bureau                   | <input type="checkbox"/> AP Procurement cards                                 |
| <input type="checkbox"/> Professional Employer Organization (PEO)            | <input type="checkbox"/> AP T&E Software                                      |
| <input type="checkbox"/> Reference Publication, Print-Based or CD-ROM        | <input type="checkbox"/> AP Unclaimed Property                                |
| <input type="checkbox"/> SaaS Solutions                                      |   |
| <input type="checkbox"/> Staffing Solutions                                  |   |

**This is the information we use to confirm information above:** (not for publication)

Advertising Contact: \_\_\_\_\_

Adv. Contact Phone: \_\_\_\_\_ Adv. Contact fax: \_\_\_\_\_

Adv. Contact E-mail: \_\_\_\_\_

**TERMS AND CONDITIONS - ALL APA ADVERTISERS ARE BOUND TO THE FOLLOWING:**

- ❖ Rate listed is the net amount due the APA. Any gross-up by an agency must be added to the amounts listed.
- ❖ Verbal agreements are not recognized. All contracts must be in writing.
- ❖ Advertisers are required to pay for listing in advance.
- ❖ Notice of cancellation must be given no later than five business days.
- ❖ Advertisers and their agencies assume responsibility for all content provided and for payment of the listing.
- ❖ The forwarding of an insertion order is construed as an acceptance of all the rates.
- ❖ All advertising is subject to the publisher's approval. The publisher reserves the right to reject, discontinue, or omit any advertising or any part thereof.

**Payment Options:**

**ALL ITEMS WILL BE INVOICED. INVOICED BALANCE IS DUE UPON RECEIPT OF INVOICE.**

**Check** – Payment due upon receipt of invoice.

*Please provide contact information for billing:*

**Contact Name:** \_\_\_\_\_ **Contact E-mail:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Credit Card** – American Express, MasterCard, or Visa

A Credit Card Authorization Form will be e-mailed for completion.

*Please provide contact information for Credit Card:*

**Contact Name:** \_\_\_\_\_ **Contact E-mail:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Agreed to in good faith by:**

\_\_\_\_\_  
Printed name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**Accepted and Assigned by:**

\_\_\_\_\_  
Printed name of APA Representative

\_\_\_\_\_  
Signature of APA Representative

\_\_\_\_\_  
Date

**PLEASE FAX COMPLETED CONTRACT TO 210-568-4078.**

Questions? Call 210-226-4600 or email [vendorsupport@americanpayroll.org](mailto:vendorsupport@americanpayroll.org)