

## Vendor Maintenance Information Form

New Vendor \_\_\_\_\_ Change \_\_\_\_\_ Vendor Number

Vendor Name

Vendor Operating Name *(if different)*

Vendor Legal Name *(if different)*

Vendor Payee Name *(if different)*

Vendor EIN / TIN / SS #

Vendor Address

Vendor Corporate Address *(if different)*

Vendor Remit to Address *(if different)*

Vendor Phone #

Vendor Fax #

Vendor E-Mail

Vendor Website

Vendor Type <i>(check one)</i>	
Corporation	<input type="checkbox"/>
DBA	<input type="checkbox"/>
IND Contractor	<input type="checkbox"/>
Other <i>(specify)</i>	<input type="checkbox"/>

Vendor Contact Info.	Name	Phone #	Fax #	E-mail Address
Sales				
Service				
Accounts Receivable				

W-9 Attached? Yes \_\_\_\_\_ No \_\_\_\_\_ Rep. Signature: \_\_\_\_\_

Submitting Department: \_\_\_\_\_