



NEW VENDOR REQUEST FORM

VENDOR NAME: _____

VENDOR ADDRESS: _____

REMITTANCE ADDRESS: _____
(If different from above) _____

CONTACT INFORMATION:

Name _____
Phone Number _____
Fax Number _____
Email Address _____
Website _____

What type of items or service will this vendor be supplying?
(See vendor categories list)

ALL VENDORS MUST COMPLETE AND SUBMIT A FORM W-9.

Individuals should also submit a copy of their Social Security Card and Driver's License. Please verify that the W-9 is completed. The Social Security Number (SSN) or the Employer Identification Number (EIN) should be listed. Both of these numbers should not be listed. The number that the vendor uses to file a tax return should be listed. The W-9 must be signed and dated. Please note that our terms are Net 30 will all vendors, unless otherwise specified.

SUBMITTED BY: _____

DEPARTMENT