NEW VENDOR REQUEST FORM

File Maintenance Code	1 = Delete
2 = Add	
3 = Change	

VENDOR # [_____]

Vendor Name [_____]

[_____]

Order Address [_____]

[_____]

[_____] **Zip** [_____] - [_____]

Remit Address [_____]

[_____]

[_____] **Zip** [_____] - [_____]

Telephone # [_____] - [_____] - [_____]   **Fax #** [_____] - [_____] - [_____]

Email Address [_____]

(**This email address should be for the individual who should be receiving the purchase orders on behalf of the company.)

Customer ID # [_____]   **Vendor Type** [___]   **V- Vendor**

(Social Security # or Federal Tax ID #)   **Vet - Veteran**

1099 Indicator [___]   **N for No   Y for Yes**

Requested By _____   **Date** _____

Name/Department