

NEW VENDOR REQUEST FORM

File Maintenance Code	1 = Delete	<input type="checkbox"/>
	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