

**Vendor Information Add/Modify** *(Internal use only)*

**Fax to Purchasing @ x8572**

**Requisition #:** \_\_\_\_\_

- Add New Vendor
- Change Existing Vendor Information

**Purchase Order Information**

Vendor Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_

Country: \_\_\_\_\_

Federal Tax ID/Social Security #: \_\_\_\_\_

**Invoice Remit to Information**

Vendor Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_

Country: \_\_\_\_\_

**Vendor Classification**

- Large (a business with 500 or more employees and/or total yearly sales over 5 million)
- Small (a business with less than 500 employees and less than 5 million in yearly sales)
- Minority Owned (MBE)
- Women Owned (WBE)

**Required Information** *(Purchase order will not be created without this info)*

- Certificate of Insurance
- W-9 form

Submitted by:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Dept: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_