

## 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 #**

(Social Security # or Federal Tax ID #)

**Vendor Type**

V- Vendor  
Vet - Veteran

**1099 Indicator**

N for No

Y for Yes

**Requested By**

**Date**

**Name/Department**