

VENDOR REQUEST FORM

Your Name:
Department:
Phone #, if questions:
Your e-mail address:

Indicate whether this is a New Vendor or a Change in Vendor Information:

New Vendor or Change in Vendor Information (Vendor #):

Vendor Information:

Vendor Name (last, first, if individual) or complete, legal Vendor Name (if business):

If business has Doing Business As (DBA) Name, what is it?

Address Line 1:
Address Line 2:
PO Box (if applicable):
City: State: Zip Code:

If MN vendor: County

Remit Address Same as Ordering Address

Remit To Address Line 1:
Remit To Address Line 2:
PO Box (if applicable):
City: State: Zip Code:

Vendor web url (if available):

Contact name: Contact e-mail address:

Contact Phone #: Ext. #: Contact Toll-Free #:

Contact Fax #:

Tax Information:

Vendor Federal Tax ID # (9 digits):	<input type="text"/>
Vendor State Tax ID # (7 digits) for Minnesota vendors:	<input type="text"/>
Individual's Social Security #:	<input type="text"/>

Comments to Business Office: