



New Vendor Information

Person Completing Form

Name: _____ Date: _____
Last, First
 Phone: () _____ Department: _____

General Vendor Information

Federal Tax ID: _____ - _____ Vendor Terms: _____
 DUNS #: _____ - _____
 Company Name: _____

(Please provide a copy of your W-9 form)

Vendor Type / Organization

Company Size: (Circle One) Small Large
 Provider of: (Circle One) Goods Services Both
 How Organized: (Circle One) Individual Partnership Corporation
 Other: _____
 Owners is: (Circle those that apply) Woman Small Disadvantaged
 Small Veteran Small Service-Disabled Veteran
 Not Applicable Minority Type: _____
(Must own more than 50% of Company)

Order From: / Purchasing Address

Address: _____
 City: _____ State: _____
 Zip Code: _____ Country: _____
 Sales Contact: _____ Fax: () _____
 Phone: () _____ Email: _____

Pay To: / Remit Address

Address: _____
 City: _____ State: _____
 Zip Code: _____ Country: _____
 Payment Contact: _____ Fax: () _____
 Phone: () _____ Email: _____