

## Vendor Maintenance Information Form

Vendor Operating Name	
Vendor Payee Name (if different)	
Vendor EIN / TIN / SSN	
Vendor Address	
Vendor Corporate Address (if different)	
Vendor Remit to Address (if different)	
Vendor Phone #	(    )
Vendor Fax #	(    )
Vendor E-Mail (PO's sent to this address)	
Vendor Website	

Contact Type	Name	Phone #	E-mail Address
Accounting/Billing			
Account Manager			
Service			
Sales			

INTERNAL USE ONLY  
\*\*\* FOR REQUESTING DEPARTMENT TO COMPLETE\*\*\*

\_\_\_\_\_ New Vendor

\_\_\_\_\_ Update to Vendor Number:

Submitting Department: \_\_\_\_\_