

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:

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):

Vendor State Tax ID # (7 digits) for **Minnesota** vendors:

Individual's Social Security #:

Comments to Business Office:

*Note: This form contains sensitive Tax ID information,
DO NOT save a copy on your computer or in your hard copy files!*

Vendors need to complete an IRS Form W-9 to be submitted with
this form to Purchasing, by mail in AS122 or fax to 308-4175.