



Vendor Form

() New Vendor
() Change Information Only

Please be advised that invoices will not be processed for payment until the following documents are completed and returned to the Finance Department:

Vendor Information Form & Current W-9

All invoices are paid within 30 days of receipt.

Tax ID # (FEIN or SSN): _____

Name of Company/Firm (as shown on W-9 Federal Tax Return): _____

Alternate Name, if applicable (Doing Business As): _____

Mailing Address: _____

City: _____ State: _____ Zip+4: _____ - _____

Payment Address (if different from address above) _____

City: _____ State: _____ Zip+4: _____ - _____

Contact Person: _____ Business Phone#: (____) ____ - _____

E-mail Address: _____ Website Address: _____

Please check all boxes that are applicable to your organization:

Organization Type:	() Corporation	() Individual/Sole Proprietor	() Joint Venture
	() LLC	() Partnership/Limited Partnership	() Non Profit

Minority Owned: () Yes () No

Please check the classification code below if your business is minority owned.

Classification Code:	() African American Owned	() Disabled Owned	() Native Owned
	() Asian Owned	() Disabled Veteran Owned	() Female Owned
	() Hispanic Owned	() Veteran Owned	() Gay & Lesbian Owned

Preferred Method of Payment: Check: () Yes or () No ACH: () Yes or () No

It is recommended that you provide ACH information to receive payments in a timely manner.

For ACH payments, please provide the following information:

Routing and Transit # _____ Bank Account #: _____

Remittance Email Address: _____

Vendor's Signature: _____ Date Sent: _____

For Accounting Use Only:

Vendor ID# _____ Date Received _____

Approved Vendor-VP Finance Signature _____ Date Completed _____