

Vendor Addition/Change Form

Date: \_\_\_\_\_ Requested By: \_\_\_\_\_

Add: \_\_\_ Yes \_\_\_ No Branch: \_\_\_\_\_

Change: \_\_\_ Yes \_\_\_ No

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

City, State & ZIP \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Payment Terms: \_\_\_\_\_

Federal Tax Status Please put an X next to appropriate tax type

\_\_\_ Incorporated \_\_\_ Government \_\_\_ Trust \_\_\_ Employee  
\_\_\_ LLC \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Sole Proprietor

Subject to back-up withholding?

\_\_\_ Yes \_\_\_ No

Tax Id # \_\_\_\_\_ or Social Security # \_\_\_\_\_

Under penalty of perjury the above information is true and correct.

\_\_\_\_\_  
(Signature) (Date)

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

