

REQUEST FOR NEW VENDOR

REQUESTOR'S NAME

DATE

PHONE

Please check the box which best describes the type of vendor.

1099 Code

EMPLOYEE (reimbursements)

☐

PRODUCT VENDOR

☐

SERVICE VENDOR

☐

7

If using SS number

CONTRACT LABOR

☐

7

VENDOR NAME

ADDRESS

CITY,STATE, ZIP

PHONE

FAX

FID NUMBER

OR

(Without the proper FID or SS number vendor can not be paid!)

SOCIAL SECURITY NUMBER

(Without the proper FID or SS number vendor can not be paid!)

REMIT ADDRESS

If different

CITY,STATE, ZIP

Do not write below this line

VENDOR NUMBER

DATE SET UP
