



VENDOR INFORMATION FORM

This form should only be used for the following: 1) Vendors not in the system, 2) Updating information for vendors already in the system. (Be sure to determine if the remittance (check) address is different)

PLEASE CHECK THE VENDOR LIST THOROUGHLY BEFORE COMPLETING THIS FORM.

W-9 Request for Taxpayer Identification Number and Certification
(must accompany all new vendor requests)

Federal ID # (TIN) or Social Security Number (if taxpayer is an individual): _____

VENDOR ADDRESS INFORMATION (FOR ORDER PLACEMENT)

REMITTANCE (CHECK) ADDRESS INFORMATION (IF DIFFERENT FROM VENDOR ADDRESS)

Name: _____

2nd Name: _____

Address: _____

2nd Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

****Phone # is Mandatory ****

Telephone : (____) _____ - _____

Web Site:

FAX Number : (____) _____ - _____

Email Address:

Please Note: If a vendor in the system has different information, it is your responsibility to verify with the vendor if a change is necessary.

Preparer: _____

Please print and send or email to dscott@c-tec.edu have her complete your request.