



## REQUEST FOR NEW VENDORS

NAME/ DATE OF REQUEST: \_\_\_\_\_

SUGGESTED VENDOR NAME \_\_\_\_\_

CONTACT PERSON : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_

STATE : \_\_\_\_\_

ZIP CODE : \_\_\_\_\_

PHONE # \_\_\_\_\_

PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

E-MAIL/WEB SITE : \_\_\_\_\_

REASON FOR USING A NEW VENDOR \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>BELOW IS FOR ACCOUNTING USE ONLY</b>
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### VERIFY THE REQUESTED VENDOR INFORMATION

DATE OF CALL : \_\_\_\_\_ SPOKE WITH : \_\_\_\_\_

IS THERE A DIFFERENT REMIT ADDRESS THAN LISTED ABOVE?

\_\_\_\_\_

\_\_\_\_\_

TAX ID # IS : \_\_\_\_\_ PAYMENT TERMS WILL BE : \_\_\_\_\_