

**VENDOR INFORMATION FORM**

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

**Today's Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State: (Abbreviate)** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**OR**

**Federal Tax ID #:** \_\_\_\_\_

If payment is to be remitted to an address different than above, please fill out the following:

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State: (Abbreviate)** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**NOTE: The above information is mandatory before entering a vendor on the financial system. By Federal Law, we must have on record a Social Security # or Federal Tax ID #. There will be no exceptions. Thank you.**

**Requested By:** \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Department)