


Internal Vendor Add/Change Form

	New Vendor <input type="checkbox"/> Existing Vendor# _____ Add Address# <input type="checkbox"/> Update Address# _____	
TAXPAYER IDENTIFICATION NUMBER (TIN) SSN: XXX / XX / XXXX FID: XX / XXXXXX	SSN: _____ <u>OR</u> FID: _____	
LEGAL NAME & PRIMARY ADDRESS INFORMATION	<u>Company Name:</u>	
	<u>Doing Business As, if different than above:</u>	
	<u>Primary Address (Including City, State & Zip):</u>	
ADDITIONAL INFORMATION	<u>Email Address:</u>	<u>Fax Number:</u>
VENDOR NOTES If new, note what the vendor will be used for. If changing, note why the change is needed.	<u>Reason for Add/Change of Vendor:</u>	

This form should be completed for all new vendor additions and changes. Documentation should also be submitted to show why the addition or change is needed.