

MVAC A/P VENDOR ADD/UPDATE FORM

Dept. _____
 Name _____
 Date _____

<input type="checkbox"/>	New
<input type="checkbox"/>	Change
<input type="checkbox"/>	Inactive

Vendor # _____ (6 digits)

*Vendor Name _____ (30 digits)

*Address 1 _____ (25 digits)

*Address 2 _____ (25 digits)

*City _____ (20 digits) * State _____ * Zip _____ - _____

Phone # _____ - _____ - _____ Fax # _____ - _____ - _____

Internet Address _____ (50 digits)

Email Address _____ (50 digits)

Cell # _____ - _____ - _____

*Federal tax ID _____ (9 digits) Social Security # Federal Tax ID

Vendor group code _____

Contact First _____ (10 digits) Last _____ (20 digits)

State Vendor ID _____ (4 digits)

Contractor Lic. # _____ (25 digits) Contractor expires _____

Liability insurance Liability expires _____

Workers comp insurance Workers comp expires _____

Organization Type Corporation LLC Partnership Sole Proprietor

Bond # _____ (25 digits) Expires _____

Lead License # _____ (25 digits) Expires _____

EPA Certificate # _____ (25 digits) Expires _____

Note: Items with an asterisk must be completed.