

VENDOR INFORMATION FORM

DATE: _____

*W-9 ATTACHED: _____ YES

ATTACHMENTS: _____ YES _____ NO

VENDOR INFORMATION

New Vendor _____ Change Information _____ Update Vendor _____ Landlord _____

*Vendor Name: _____

DBA Name: _____

(If applicable/available)

FID/SSN Number: _____

Contact Addresses

*Accounts Payable address: _____

*City/State/Zip Code: _____

*Purchase Orders address: _____

*City/State/Zip Code: _____

Contact Name (if applicable): _____

Vendor Telephone: _____

*Vendor Email: _____

(Purchase orders will be sent through email. If you wish not to include email please let us know why.)

(*) – REQUIRED TO ENTER INTO TYLER MUNIS

Internal Use Only:

Vendor MUNIS # : _____

Date Entered : _____