

NEW VENDOR INFORMATION FORM



****NOTICE**** This form requires data to be TYPED correctly in all fields. All requests for new vendors MUST have a completed W-9 attached before a vendor number can be issued. ONLY EBR employees can submit requests. A vendor form cannot be requested for yourself. Incomplete forms will be returned.

<u>REQUESTED BY:</u>		<u>EXT</u>		<u>DATE</u>	
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<u>VENDOR TYPE:</u>		(select one)
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WILL THE VENDOR BE PROVIDING A SERVICE? YES NO

VENDOR INFORMATION					
NAME (official name from W-9):					
D/B/A (name if different from above):					
MAILING ADDRESS:					
CITY, STATE, ZIP CODE:					
TELEPHONE #:				FAX #:	
EMAIL ADDRESS:					
TAX ID #:		SSN#:		EMP ID#:	

PAYMENT INFORMATION (IF DIFFERENT THAN W-9 ADDRESS)			
D/B/A (name if different from above):			
MAILING ADDRESS:			
CITY, STATE, ZIP CODE:			
TELEPHONE #:		FAX #:	

SEND COMPLETED VENDOR FORMS TO: Ptregre@ebrschools.org

APPROVED BY:	
Director of Procurement:	_____
Accounting Supervisor:	_____
Chief Financial Officer:	_____