

Check One:

- New (For new Vendors a W-9 Form must be completed and attached)
 Update to an existing Vendor

Please provide all applicable data below:

Vendor Address to mail Purchase Orders to:

Vendor Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip Code: _____

Vendor Address to mail Payments to (if different from above):

Vendor Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip Code: _____

Vendor Contact:

Name: _____ Email: _____
Phone: _____ Fax: _____

Submitted By: _____ Date: _____ Ext: _____

Questions and completed documents should be directed to Purchasing:

Phone: 520-206-4759 Fax: 520-206-4536 Mail: DO-1420

Purchasing Use Only:

Assigned Vendor Code: _____ Input into Banner by: _____
Date Assigned: _____ Printed Name: _____
1099 Eligible? Yes No Signature: _____
Comments: _____