

**SUPPLIER MASTER FILE MAINTENANCE FORM
DEPARTMENT USE ONLY**

NEW VENDOR: _____ OR MODIFY _____
(W-9 Form required)

SUPPLIER CODE _ _ _ _ _

BUSINESS NAME: _____

NAME: _____

PLEASE CHECK ONE:

<input type="checkbox"/> CORPORATION/INCORPORATED	<input type="checkbox"/> PARTNERSHIP	
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> GOVERNMENT AGENCY	<input type="checkbox"/> INDIVIDUAL
<input type="checkbox"/> LLC(LIMITED LIABILITY COMPANY)	<input type="checkbox"/> NON-PROFIT ORG.	

PLEASE CHECK IF APPLICABLE:

<input type="checkbox"/> REIMBURSEMENT	<input type="checkbox"/> SETTLEMENT	<input type="checkbox"/> OPEN SPACE
<input type="checkbox"/> SEC 8	<input type="checkbox"/> HOUSING RENTAL	

FEDERAL ID # _____ - _____ OR SOCIAL SECURITY # _____ - _____ - _____

REMITTANCE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PURCHASE ADDRESS (IF APPLICABLE): _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL (REQUIRED): _____

TELEPHONE #: (_____) _____ FAX #: (_____) _____

CONTACT PERSON: _____

REASON FOR NEW/MODIFY VENDOR: _____

DEPARTMENT: _____ DATE: : _____

APPROVAL FOR NEW VENDOR: _____

DEPUTY COMPTROLLER