Vendor Information Form

*Please complete all information below and forward to the Purchasing Department along with the Vendors completed W-9 form for entry into Banner.*

|  |  |
| --- | --- |
| Company Name: |  |

|  |  |
| --- | --- |
| Tax ID No: |  |

**Order Information** **Accounts Payable Information**

(Where purchase orders are sent) (Where payment is sent)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address: |  |  | Address: |  |
|  |  |  |  |  |
| Phone: |  |  | Phone: |  |
| Fax: |  |  | Fax: |  |
| Email: |  |  | Email: |  |
| Contact: |  |  | Contact: |  |

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*This section to be completed by DCC Personnel*

|  |  |
| --- | --- |
| Requested By: |  |
| Department: |  |

|  |  |
| --- | --- |
| W9 Form Attached: |  |