

NEW VENDOR INFORMATION

NAME 01 (MAX 40 CHARACTER	
NAME 02 (OPTIONAL WILL NOT PRINT ON CHECK)	
SHORT NAME (MAX 10 CHARACTERS)	
WEB ADDRESS (OPTIONAL)	

1099	YES		NO		TAX ID/SS NUMBER
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LOCATION

DESCRIPTION

ORDERING		INVOICING		REMITTING	
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ADDRESS

ORDERING		INVOICING		REMITTING	
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ADDRESS

PHONE

MAIN		EXTENSION		FAX	
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SIC CODES & USER TYPES

USER CLASSIFICATIONS

DEPARTMENT OF HUMAN RESOURCES EMPLOYEE		
AUTHORIZED DEALERSHIP	INDIVIDUALLY OWNED BUSINESS	RETAIL DEALER
CSET. MINORITY CONTRACTOR	JOBBER	SERVICE FIRM
CONSTRUCTION FIRM	MANUFACTURER	SMALL BUSINESS
CORPORATION	MINORITY ENTERPRISE BUSINESS	SURPLUS DEALER
FACTORY REPRESENTATIVE	MINORITY VENDOR	WOMAN OWNED BUSINESS
GOVERNMENT AGENCY	PARTNERSHIP	INDIVIDUAL

VENDOR SIGNATURE	DATE
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VREQN