



Vendor Information Form

Form PUR-121

Vendor Number _____

*ALL NEW VENDORS OR VENDOR NAME CHANGES MUST INCLUDE A W9 FORM

Vendor Name _____

Name Change _____

Address Change Add Address Type MA (Purchase Order) RE (Payment)

Address: _____

City _____

State _____ Zip (Postal) Code _____

Nation _____

Phone Type MA RE Phone Add Change Inactivate

Area (Country)Code _____ Phone Number _____

Email Address Add Change Inactivate Type Bus PERS PO Bid RE

Email Address _____

Contact Name _____

1099 Vendor Type Non-Employee Compensation Other (Stipend)

Invoice Grouping *Many Invoices Per Check (Default) One Invoice Per Check

Reason for Address Change Invoice Vendor Request Quote Returned Mail

Reason for Address Inactivation Invoice Vendor Request Quote Returned Mail

Address To Be Inactivated _____

City _____

State _____ Zip (Postal) Code _____

Requested By: _____ Date _____ Phone _____