



# New Vendor Creation Request Form

Contact Name\*

Contact Phone\*

Contact Fax\*

Contact Email\*

Vendor Name\*

Business Name (DBA)  
*(If applicable)*

**Remit to Address\***

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Street Address / P.O. Box\*

City\*

State\*

Zip Code\*

**If the remit to is a P.O. Box, the physical address must be completed below\***

Street Address\*

City\*

State\*

Zip Code\*

**Payment Information\***

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Payment Type (ACH/Check)\*

Vendor Payment Terms\*

**Business Classification (Check all that apply)**

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Minority Owned	Native American Owned	Network / Telecom	Landlord
Small Business	Software	Temp / Contractor	Facilities / Construction
Veteran Owned	Equipment Lease	HR	Legal
Women Owned	Service Fulfillment	Marketing	Other
LGBT	Disabled Individuals	Nonprofit / Charity	

Reviewed by:

Date

Department / Business Unit

**TO BE COMPLETED BY ACCOUNTS PAYABLE DEPARTMENT**

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1. Prepared by:

2. Reviewed & Approved by:

3. System Updated by:

4. Vendor Number:

5. System Reviewed by:

Document Attached:

W-9

W-8BEN

501(C)3

ACH FORM

Shared Service Approval