

# VENDOR REQUEST FORM

Vendor Name:	
Vendor Tax ID Number:	
Company Address:	
Remit Address:	
Contact Name:	
Contact Phone:	
Contact Fax:	
Email:	

-----  
DO NOT WRITE BELOW THIS LINE FOR BRACEVILLE TOWNSHIP OFFICE USE ONLY

Date: \_\_\_\_\_

Request made by:

Name: \_\_\_\_\_ Department: \_\_\_\_\_

1099 Required:    Yes         No

W-9 Requested:    Yes         No

Total estimated annual purchase amount: \_\_\_\_\_

Account Number: \_\_\_\_\_

Vendor Terms:

Invoice

Other

If other, please explain: \_\_\_\_\_

-----  
DO NOT WRITE BELOW THIS LINE FOR FISCAL OFFICE USE ONLY

W-9 RECEIVED

ENTERED INTO ACCOUNTING SYSTEM