

# VENDOR MAINTENANCE FORM

Requesting Department: \_\_\_\_\_

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

Contact: \_\_\_\_\_

Action:  Add  Inactivate

Phone: \_\_\_\_\_

Remit To Address - (Send payments to this address)

Supplier Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address 1: \_\_\_\_\_

Phone: \_\_\_\_\_

Address 2: \_\_\_\_\_

FAX: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Tax ID# / SS#: \_\_\_\_\_

Contact: \_\_\_\_\_

**W-9 Form is required and must be attached**

**Indicate below if P.O. Address is different.**

Address/P.O. Box: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Vendor Qualifications:

Type of Items Supplied: \_\_\_\_\_

# of years in business: \_\_\_\_\_

# of employees: \_\_\_\_\_

Sales - \$'s Annual: \_\_\_\_\_

DUNNS #: \_\_\_\_\_

Major customers: \_\_\_\_\_

Is the business certified as a Disadvantaged Business enterprise?  Yes  No

Type:  WBE  MBE Other: \_\_\_\_\_ If MBE, please indicate ethnic origin: \_\_\_\_\_

Name & address of agency that provided your MBE or WBE certification:

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

Date Certification Expires: \_\_\_\_\_

**Note: Vendor record must be created prior to a commitment for supplies or services.**

Comments:

Purchasing Approval: \_\_\_\_\_

**Instructions:**

1. Complete Form
2. Print to PDF CREATOR (which will create a file)
3. Attach the file to an E-MAIL addressed to: **GKING@SOUTHBENDIN.GOV**