

**SALISBURY UNIVERSITY
VENDOR REQUEST FORM**

Accounts Payable Use Only:

Vendor # Assigned _____

Location # Assigned: _____

Add

Modify

Inactivate

Legal/Corporate Name :

Business (Payee) Name:

Contact Name:

Contact email:

Business Website Address:

Government Classification: MBE Status

Yes

No

If yes, MBE Cert #

If yes, MBE Status:

Cert Activation Date

SBR Status:

Yes

No

If yes, SBR Cert #

Cert Activation Date

Vendor Type - Check One:

U.S. Vendor (W-9 may be required)

Vendor SS# (required) or

Vendor FID # (required):

Foreign Vendor (appropriate W-8 required with original signature)

Vendor Classification - Check One:

Employee

Student

Supplier

EMPLID #

(required if employee or student)

Remit to Address (where payment is to be sent):

Country (if other than USA):

Address 1:

Address 2:

Address 3:

City:

State:

Zip Code:

Business Phone:

Fax (optional):

Order from Address (where purchase orders are to be sent):

Complete address information below if different than remit to address.

Check if same as remit to address.

Country (if other than USA):

Address 1:

Address 2:

Address 3:

City:

State:

Zip Code:

Business Phone:

Fax (optional):

Requested by:

Phone:

Date: