

Date _____



City of New Bedford

Vendor Add / Update – Information Form

Please be aware that this form is used to set up vendors in Munis and has serious tax implications attached to it. If the wrong information is provided, vendors may not receive a 1099, as required by law. It is the responsibility of the requester to check appropriate boxes below; to submit a W-9 at the time of new vendor request; and to ensure that the remit address is correctly entered on this form.

To Be filled Out By Department		
Vendor ID:	Requested by:	Phone:
Action Required (MUST select Goods or Services if acquiring a good or service):		
<input type="checkbox"/> Add New Vendor	<input type="checkbox"/> Change FEI / SSN / TIN	<input type="checkbox"/> Attorney
<input type="checkbox"/> Additional Remittance Address	<input type="checkbox"/> SPTR (no 1099 required)	<input type="checkbox"/> Medical/Hospital
<input type="checkbox"/> Change Legal Name	<input type="checkbox"/> Goods	<input type="checkbox"/> W-9 Submitted
<input type="checkbox"/> Change Legal Address	<input type="checkbox"/> Services	<input type="checkbox"/> Veteran (no 1099 required)

Vendor Name:		
DBA if Applicable:	FEI #	SSN#
Address:		
City:	State:	Zip:
Remit Address:		
City:	State:	Zip:
A / R Email:		
Contact Name:	Contact Title:	
Contact Tel:		
Write 1 that applies-WBE/ WMBE/MBE or n/a:		