

Print Form

STATE OF MAINE
New Vendor & Vendor Update Form

Reset

FILL OUT FORM COMPLETELY - ALL AREAS ARE REQUIRED - ONLY ONE NAME & TIN PER A FORM

FEDERAL TAXPAYER ID NUMBER		Vendor Customer Number (if known) VC#	Account or Client Number (if known)
TIN <input type="text"/>		<input type="text"/>	<input type="text"/>
TIN Type	Organization Type	Classification	
<input type="radio"/> Social Security No.	<input type="radio"/> Individual	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Nonresident Alien
<input type="radio"/> Employer ID No.	<input type="radio"/> Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Foreign* (W8 required) <input type="checkbox"/> Partnership
		<input type="checkbox"/> Trust	<input type="checkbox"/> State Gov't <input type="checkbox"/> Other Gov't <input type="checkbox"/> Other

NEW	PAYMENT ADDRESS	OLD
Name <input type="text"/>	Name <input type="text"/>	Name <input type="text"/>
Alias/DBA <input type="text"/>	Alias/DBA <input type="text"/>	Alias/DBA <input type="text"/>
C/O <input type="text"/>	C/O <input type="text"/>	C/O <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>	Address <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
C/S/Z <input type="text"/>	C/S/Z <input type="text"/>	C/S/Z <input type="text"/>
Phone <input type="text"/>	Phone <input type="text"/>	Phone <input type="text"/>

NEW	PHYSICAL / PROCUREMENT ADDRESS	OLD
Name <input type="text"/>	Name <input type="text"/>	Name <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>	Address <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
C/S/Z <input type="text"/>	C/S/Z <input type="text"/>	C/S/Z <input type="text"/>

Contact Name: <input type="text"/>	Email Address: <input type="text"/>
Contact Phone <input type="text"/>	Note <input type="text"/>

Authorized Signature,
Title & Current Date: _____

I certify that the above information is accurate & correct as of the current date signed on this form. I am responsible for updating & maintaining my information on a regular basis by written communication via this form or via the internet at the Vendor Self Service web site.

OFFICE USE ONLY	Information on State Agency Submitting Vendor Form	OFFICE USE ONLY
State Agency & SHS # *	Agency Contact Person Name & Title*	Contact's Phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>