

If you already have a Maine State Vendor Code number ~ you do not need to complete the Vendor Form.

Vendor Form Instructions

1. Print Clearly—If you are expecting money from Workers’ Compensation, you are a “vendor” for the purposes of this form, and must fill out this form.
2. Fill out form completely
3. Don't send this page
4. Don’t fax form (unless told to do so for urgent issues)
5. Send original ~ Send to Agency requesting information

<u>FIELDS</u>	<u>INFO NEEDED FOR FIELD</u>
Special Instructions	Instructions to Vendor from Agency requesting information
Return to	The location of agency where the form is to be mailed back to. If none, use address at bottom of form
Boxes above SSN/EIN Fields	Please check mark all that apply to the vendor. If other, please specify.If it’s a new vendor only one will apply: “New Vendor”
Social Security	Individuals, individuals “doing business as” and individuals without a Federal Taxpayer ID#. Use if not using EIN
Federal Taxpayer ID	Businesses or professionals providing services (ID # needs to be used for REMITTANCE purposes) Use if not using SSN
New	Current Information
Old	Old information (If another ID# had been used please put it next to “OLD”)
Name	Individual’s Name or Business Name. ONLY ONE name per form
DBA or C/O	“Doing business as” or “In Care Of”
Address	REMITTANCE ADDRESS – Street Address OR PO Box one or the other)
Tel #	Phone Number of individual or business
Signature	Individual or authorized representative of individual or authorized representative of the business
Date	Current Date (no more than 3 months old)
Contact Name	Contact person at business
Act Rec Contact Name	Contact Person at business for accounts receivables
Phone #	Phone for Act Rec Contact
Vendor Indicators	Indicate all that apply for the vendor, as needed
Agency Info	Indicate all that apply for the vendor, as needed