

NEW VENDOR REQUEST

This form should only be used for the following: 1) Vendors not in the system, 2) Updating information for vendors already in the system.

(Be sure to determine if the remittance (check) address is different)

PLEASE CHECK THE VENDOR LIST THOROUGHLY BEFORE COMPLETING THIS FORM.

W-9 Request for Taxpayer Identification Number and Certification (must accompany all new vendor requests)

Federal ID # (TIN) or Social Security Number (if taxpayer is an Individual): _____

**VENDOR ADDRESS
INFORMATION**
(FOR ORDER PLACEMENT)

**REMITTANCE (CHECK)
ADDRESS INFORMATION**
*(IF DIFFERENT FROM VENDOR
ADDRESS)*

Name:	
2 nd Name	
Address:	
2 nd Address:	
City:	
State:	
Zip Code:	
Country:	

****Phone # is Mandatory ****

Telephone : (____) _____ - _____ Web Site: _____

FAX Number : (____) _____ - _____ Email Address: _____

Please Note: If a vendor in the system has different information, it is your responsibility to verify with the vendor if a change is necessary.

Preparer: _____

Please print and send or email to kjgrindle@northfork.k12.oh.us to have her complete your request.