



REQUEST FOR NEW VENDOR - Form 405

New
Change
Vendor # _____

| | | | |
|---|---|---|--|
| Vendor Legal Name _____ | | | |
| Trade Name ("doing business as"): <i>(if applicable)</i> _____ | | | |
| Vendor Type: (check only one) Vendor * | Non-Employee Petty Cash Custodian (PCC) College/University Tax Authority | | |
| * If "Vendor": Provider of: Goods Services Goods/Services If "Services", type of Services _____ | | | |
| Type of Organization: (check only one) | Employer Identification Number | Social Security Number / ITIN: | |
| Individual - US citizen or US permanent resident | | | |
| Individual - Non-US citizen and non-US perm. Res. | | | |
| Sole Proprietorship | OR | | |
| Partnership - US | | | |
| Corporation - US (includes 501©3 non-profit corporation) | | | |
| Government Agency - US | | | |
| Non-US: Corporation Partnership Govt. Agency | | | |
| Country of Permanent Residence: (non-US payees) _____ | | | |
| Mail Payments to: | | Mail/Fax Purchase Orders to: | |
| Line 1: _____ | | Line 1: _____ | |
| Line 2: _____ | | Line 2: _____ | |
| City: _____ | | City: _____ | |
| State: _____ Zip: _____ | | State: _____ Zip: _____ | |
| Country: _____ | | Country: _____ | |
| * Vendor Contact Information: | | Accounts Receivable - Name: _____ Phone: _____ Fax: _____ | |
| | | Customer Service - Name: _____ Phone: _____ Fax: _____ | |
| | | Sales or Other - Name: _____ Phone: _____ Fax: _____ | |
| URL (web address) or e-mail: _____ | | | |
| Requester Information: Name: _____ Title: _____ | | | |
| Department / School: _____ Phone: _____ E-mail: _____ | | | |
| Authorized by: Name: _____ Title: _____ | | | |
| Signature: _____ Date: _____ | | Authorizer: I certify that I have reviewed this request, have found it to be in compliance with WCSD purchasing policies and authorize the request. | |