



## REQUEST FOR NEW VENDOR - Form 405

New  
Change  
Vendor # \_\_\_\_\_

<b>Vendor Legal Name</b> _____			
<b>Trade Name</b> ("doing business as"): <i>(if applicable)</i> _____			
<b>Vendor Type:</b> (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 _____			
<b>Type of Organization:</b> (check only one)	<b>Employer Identification Number</b>	<b>Social Security Number / ITIN:</b>	
Individual - US citizen or US permanent resident			
Individual - Non-US citizen and non-US perm. Res.			
Sole Proprietorship	<b>OR</b>		
Partnership - US			
Corporation - US (includes 501©3 non-profit corporation)			
Government Agency - US			
Non-US:    Corporation    Partnership    Govt. Agency			
<b>Country of Permanent Residence:</b> (non-US payees) _____			
<b>Mail Payments to:</b>		<b>Mail/Fax Purchase Orders to:</b>	
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.	