

VENDOR REQUEST FORM

Vendor Name: _____

Vendor Tax ID Number: _____

Company Address: _____

Remit to Address: _____

Contact Name: _____

Contact Phone: _____ Contact Fax: _____

E-Mail: _____

DO NOT WRITE BELOW THIS LINE FOR ORANGE TOWNSHIP OFFICE USE ONLY

Date: _____

Request made by:

Name: _____ Department: _____

1099 Required: YES ☐ NO ☐

W-9 Requested: YES ☐ NO ☐

Homeland Security Form Requested: YES ☐ NO ☐

Total estimated annual purchase amount: _____

Account Number: _____

Vendor Terms:

Invoice ☐

Other ☐

If other, please explain: _____

DO NOT WRITE BELOW THIS LINE FOR FISCAL OFFICE USE ONLY

W-9 RECEIVED ☐

HOMELAND SEC. RECEIVED ☐

CERTIFICATION OBTAINED ☐

ENTERED INTO ACCOUNTING SYSTEM ☐