

Vendor Update Request

Change / Update New remit to Address Hold Release

Vendor Number _____ Remit to Address _____

Only fill out the areas that need to be adjusted/ changed

#/SSN #: _____ Individual Taxpayer Identification Number (ITIN): _____
Individual or Company Name: _____
Legal Name: _____
(if different from above Individual/Company Name)
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Phone: () _____ Fax: () _____
E-Mail Address: _____ Web Address _____

Legal Structure

Sole Proprietor Partnership Corporation Limited Liability Company Non-Profit Other: _____

Type of Organization

- MINORITY OWNED BUSINESS**—An independent business which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of African American, Hispanic American, Asian-Pacific American, or Native American ethnicity. Please specify ethnicity:
 African American Hispanic American Asian Pacific-American Native American
- WOMEN OWNED BUSINESS**—An independent business which performs a commercially useful function and is at least 51% owned and controlled by one or more women.
- PHYSICALLY CHALLENGED BUSINESS**—An independent business which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.
- VETERAN/DISABLED VETERAN**—An independent business which performs a commercially useful function and is at least 51% owned and controlled by one or more veterans/disabled veterans who have served in the active military and discharged under conditions other than dishonorable.
- SMALL BUSINESS ENTERPRISE**—An independent business which performs a commercially useful function, is not owned and controlled by individuals designated as minority, women, veterans, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.

If you have checked any of the above, have you been certified? Yes No

If yes, by what agency? _____ Certificate Expiration Date: _____

Requestor information: Department _____ Name: _____

Phone # _____ Mail stop _____

Reason for Change / Additional notes: _____

1099 indicator Yes No A/P Representative: _____

Make changes in: Munis Advantage

Entered by: _____ Date: _____