

**WARREN COUNTY  
REQUEST FOR VENDOR NUMBER/VENDOR CHANGE**

**Department** \_\_\_\_\_ **ASSIGNED COUNSEL** \_\_\_\_\_ **Date** \_\_\_\_\_

Please include COMPLETE remittance address : ONE character per dash including spaces

**NEW VENDOR:**

Name: \_\_\_\_\_ (25 characters) **One time vendor ? Yes** \_\_\_ **or No** \_\_\_  
(Circle or Check)

**Address # 1:** \_\_\_\_\_ (25 characters)

**Address # 2:** \_\_\_\_\_ (25 characters)

**City :** \_\_\_\_\_ **State :** \_\_\_ **Zip :** \_\_\_\_\_ - \_\_\_\_\_  
(25 characters)

**Federal ID or Social Security # :** \_\_\_\_\_ **1099 ? Check one:** \_\_\_ **No**  
\_\_\_\_\_ **If yes, please check one:**  
\_\_\_\_\_ **01 - Rent**  
\_\_\_\_\_ **06 - Medical**  
\_\_\_\_\_ **14 - Attorney Fees**  
\_\_\_\_\_ **07 -All other**

**Service being provided:** \_\_\_\_\_

**UPDATE/CHANGE:**

**CHANGE THIS:**

**Old Vendor Number :** \_\_\_\_\_

**Name:** \_\_\_\_\_ (25 characters)

**Address # 1:** \_\_\_\_\_ (25 characters)

**Address # 2:** \_\_\_\_\_ (25 characters)

**City :** \_\_\_\_\_ **State :** \_\_\_ **Zip :** \_\_\_\_\_ - \_\_\_\_\_  
(25 characters)

**Federal ID or Social Security # :** \_\_\_\_\_

**TO THIS:**

**Name:** \_\_\_\_\_ (25 characters)

**Address # 1:** \_\_\_\_\_ (25 characters)

**Address # 2:** \_\_\_\_\_ (25 characters)

**City :** \_\_\_\_\_ **State :** \_\_\_ **Zip :** \_\_\_\_\_ - \_\_\_\_\_  
(25 characters)

**Federal ID or Social Security # :** \_\_\_\_\_ (You must not change this number without  
permission from the PURCHASING office !!)