

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

Department      Assigned Counsel    Date  
Please include COMPLETE remittance address :

**NEW VENDOR:**

Name:                      One time vendor? Yes  or No

Address # 1:

Address # 2:

City :                      State :                      Zip :

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

Service being provided:

Phone Number:

**UPDATE/CHANGE:**

**CHANGE THIS:**

Old Vendor Number :

Name:

Address # 1:

Address # 2:

City :                      State :                      Zip :

Federal ID or Social Security # :

**TO THIS:**

Name:

Address # 1:

Address # 2:

City :                      State :                      Zip :

Federal ID or Social Security # :

(You must not change this number without permission from the PURCHASING office !!)

Revised 4/8/13