

PURCHASING VENDOR INPUT FORM (Rev 2/06)

NEW VENDOR RECORD REQUESTED
MODIFY EXISTING RECORD #
SUBSIDIARY RECORD REQUESTED #

NEW FRSPPLUS VENDOR # ASSIGNED

DATA INPUT BY/DATE

REQUESTED BY

DATE

FOR:

(Req. # or Bid #, if applicable)

Vendor Name:

Federal Tax ID: (9 Digits)
(Employer Identification or Social Security Number)

Order From Address

Remit To Address

Addr:

Addr:

City: State:

City: State:

Zip: Country:

Zip: Country:

Phone: Extension:

Phone: Extension:

FAX:

FAX:

Contact:

Contact:

E-Mail Address:

E-Mail Address:

Vendor's Payment Terms: / N

WEBSITE: CT DAS CERTIFIED YES NO

Vendor Type: Small Business (SB) Black (BL) Hispanic (HI) Iberian Peninsula (IP) Asian (AA) American Indian (AI)
Disabled Person (DI) Women (W) Women Black (WB) Women Hispanic (WH) Women Iberian Pen. (WP)
Women Asian (WA) Women Am. Indian (WI) Women Disabled (WD) Disabled Black (DB) Disabled Hispanic (DH)
Disabled Iberian Pen. (DP) Disabled Asian (DA) Disabled Am. Indian (DN)

1099 Category: Inc. *Sole Prop. *Partnership *LLC Non-Profit Medical Services Corp Foreign-Owned State/Fed Agency Town

*Owner's Name(s) Source:

(S:drive-forms)