

New Vendor Request Form

Date Requested: _____

Customer/Vendor Name: _____

Address: _____

Telephone: _____

E-Mail: _____

Contact: _____

Small Business _____

Minority _____

Veteran _____

Woman _____

Payment Type

Check: _____

OR

ACH: Please attach a separate file from Vendor that contains ACH banking info. Preferably on Company Letterhead

1099/FIN _____ Attorney Y/N
(W-9 Attached; If no W-9 is attached please explain)

INTERNAL TAIT USE ONLY

Customer/Vendor ID: _____

Payment Methods

Special Program Funds	_____	Restricted	_____	21010
Capital Projects Clearing	_____	Unrestricted	_____	21000
PFC Revenue Fund	_____	Both	_____	
DDA General Operating	_____	CFC	_____	

Other: _____

Requested By: _____

Entered BY: _____

Approved By: _____