

New Vendor Form

To be completed by originator and forwarded to purchasing for approval processing

Vendor Name: _____ Date: _____

Vendor Address: _____ City, State, Zip: _____

Vendor Contact Name: _____

Vendor Phone: _____ Vendor email address: _____

Requested by: _____ Department: _____

What type of product/service is requested of the vendor? _____

How was the Vendor acquired? _____

How long has the company been in business? _____

What are the vendor's payment terms? _____ Is the Vendor's W-9 attached? YES ☐ NO ☐

☐ Contract ☐ Purchase Order ☐ Insured

What date will this vendor first be used? _____

How often will you be using this vendor? ☐ Regularly/Ongoing Approximate Purchase Amount: _____

☐ One time only Approximate Purchase Amount: _____

☐ Annually Approximate Purchase Amount: _____

To be completed by Purchasing

Website address: _____

BBB Accredited? _____ Secretary of State#: _____ State: _____

Yelp Reviews Checked? YES NO N/A TIN Verified? YES NO TIN # _____

Recommended for Approval? YES NO

Comments: _____

Risk Management Date

Christina Cazares
Purchasing/Inventory Specialist Date

Brenda Zamzow
CFAO Date