Vendor Maintenance Form

Please provide all information requested on this form. Please insert N/A for items not applicable:	
City of Josephine Vendor Registration Change Form	Date:
Company Name:	Federal Tax ID Number:

Please Indicate type of Change:

Billing Contact	Phone Number	Email Address
Remittance Address	Business Name (Need New W-9)	Federal Tax ID#
Address (Need New W-9)	Website	(Need New Registration Form)
Authorized Individuals		

Other:_____

Complete only the section that needs to be updated (Do not complete all sections).

Company Name:			Contact Person/Title:
Address:	City:	State:	Zip Code:
Payment Remittance Address:	City:	State:	Zip Code:
Billing Contact:	Phone:		Email:

Individual(s) authorized to contractually bind the company or firm (Please indicate if agent):			
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
Authorized Individuals Signature:			Print Name:
Title:			Date

I hereby certify that the above information is true and correct to the best of my knowledge. I have read, understand, and agree with the terms of the Vendor Statement Agreement as outlined above. I understand that the submission of inaccurate information may result in rejection or deletion of my application.

Authorized Individuals Signature:			Print Name:
Title:			Date
Office Use Only	Vendor Number:	Date Processed:	Initials:
	City of Josephine Finance Signature:		Date: