

REQUEST FOR VENDOR NUMBER

Legal Name _____

DBA _____

Address _____

City _____ State _____ ZIP _____

Remit To: (If different than above)
Name _____

Address _____

City _____ State _____ ZIP _____

Discount % _____ Days to discount _____ Days to net _____

Contact

Name _____ SSN # _____

Title _____ or _____

Phone _____ FED ID # _____

Contact e-mail: _____

*** Check box to indicate if the vendor requests the final Purchase Order as _____ **Print**
or
_____ **E-MAIL**

*** Required: Email _____ (for receipt of Purchase Order)

***** VENDOR SHALL COMPLETE THE ATTACHED AGREEMENT OF JURISDICTION *****

*****TO BE COMPLETED BY REQUESTING DEPARTMENT*****

Requested by: _____ Dept: _____

Type of Purchase/Service _____

FOR ACCOUNTING AND PURCHASING USE ONLY

Vendor #	_____	Workers Comp.	_____
MD State Dept. ID #	_____	General Liability	_____
Expiration Date	_____	Auto Liability	_____
Business Lic #	_____	Professional Liability	_____
Personal Property	_____		