NORTHWESTERN STATE UNIVERSITY
VENDOR CREATE / MODIFICATION FORM

FAX FORM TO: 357-4378

Vendor Type (choose one):

____Purchasing (V) ____ Employee/Travel (E) ____Professional Services (P) ____Student/Miscellaneous (M) ____ Payroll (R)

(**Choose One**): ____ Create New Vendor or ____ Modify Vendor Information for Vendor #_____

Note: Figures in Parenthesis Indicate Field Limits

ORDER MAILING ADDRESS

Vendor Name:
_____(30)

Federal Tax ID/Social Security Number:
_____(9)
(For Employee, System Generated Number)

Order From
Address: _____(30)
_____(30)
_____(30)
_____(30)

City: _____(20)

State: ____(2)

Zip Code: _____-_____(12)

Telephone: _____-_____-_____(7)

Fax: _____-_____-_____(7)

Company
Contact: _____(30)

E-Mail:
_____(40)

PAYMENT REMIT ADDRESS

(Only If Different From Mailing Address)

Vendor Name:
_____(30)

Federal Tax ID/Social Security Number:
_____(9)
(For Employee, System Generated Number)

Remit To
Address: _____(30)
_____(30)
_____(30)
_____(30)

City: _____(20)

State: ____(2)

Zip Code: _____-_____(12)

Telephone: _____-_____-_____(7)

Fax: _____-_____-_____(7)

Company
Contact: _____(30)

E-Mail:
_____(40)

Vendor's Terms: _____
(Screen 123) (Example 2%-10, Net 30)

Prepared by: _____ Date: _____

Approved by: _____ Date: _____

Vendor Number Assigned: _____

Entered by: _____ Date: _____