

# NEW ACCOUNTS PAYABLE VENDOR FORM

VENDOR NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VENDOR CONTACT: \_\_\_\_\_

VENDOR PAYEE NAME: \_\_\_\_\_

PAYMENT REMIT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VENDOR TELEPHONE NUMBER: \_\_\_\_\_

VENDOR TELEPHONE FAX NUMBER: \_\_\_\_\_

VENDOR FEDERAL ID NUMBER: \_\_\_\_\_

WILL VENDOR BE A 1099? YES \_\_\_\_\_ NO \_\_\_\_\_

IS THIS VENDOR A CMSD EMPLOYEE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, DO YOU OR YOUR IMMEDIATE FAMILY (*Spouse, Child or Parent*) OWN THIS BUSINESS? YES \_\_\_\_\_ NO \_\_\_\_\_

PERSON REQUESTING VENDOR SET-UP: \_\_\_\_\_

## *CENTRAL OFFICE USE ONLY*

VENDOR NUMBER ASSIGNED: \_\_\_\_\_

DATE REQUESTER NOTIFIED: \_\_\_\_\_

