

# 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 # \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

\*\*\*\*\* 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 _____	