



Vendor Maintenance Form

Vendor # or Employee # _____

N3B Use Only - Please check the appropriate boxes:

YES	NO				Terms:
<input type="checkbox"/>	<input type="checkbox"/>	Is this a 1099 Vendor?	<input type="checkbox"/>	New	Set to Net 45
<input type="checkbox"/>	<input type="checkbox"/>	W9 Required	<input type="checkbox"/>	Modify	Set to Net 30
		<u>If No, explain:</u> _____	<input type="checkbox"/>	Inactivate	Set to Cash
			<input type="checkbox"/>	Payment Name Change	Credit Card Only Vendor

Standard Terms are Net 45 except for Small Businesses with <\$25k annual spend, Utilities, Employees, Government, Charitable Contributions, Sponsorships, Freight
If other terms are required, and the above exceptions do not apply, please fill out an Exception Letter and attach to this request.

Order From:
 Name: _____

 Order from Address: _____

 City: _____
 State: _____
 Zip: _____
 Phone Number: _____
 Fax Number: _____
 Contact: _____
 E-mail Address: _____

Remit To:
 Legal Name: _____
As shown on W-9/Tax Return

 Payment Address: _____

 City: _____
 State: _____
 Zip: _____
 Phone Number: _____
 Fax Number: _____
 Contact: _____
 E-mail Address: _____

Check all that apply:

Code	Socio Economic Category	Code	Socio Economic Category
<input type="checkbox"/>	L Large	<input type="checkbox"/>	SDVOSB Service Disabled Veteran Owned
<input type="checkbox"/>	HUBZNE Hub Zone	<input type="checkbox"/>	VOSB Veteran-owned Small Business
<input type="checkbox"/>	SB Small Business	<input type="checkbox"/>	WOSB Woman-owned Small Business
<input type="checkbox"/>	SDB Small Disadvantaged Business	<input type="checkbox"/>	WOO Woman-owned Other Than Small
<input type="checkbox"/>	SDVWHZ Small Disadvantaged Service Disabled Veteran Woman Owned HUB Zone	<input type="checkbox"/>	SDWHZ Small Disadvantaged Woman Owned Hub Zone
<input type="checkbox"/>	VOHZ Veteran Owned Hub Zone	<input type="checkbox"/>	SDWO Small Disadvantaged Woman Owned
<input type="checkbox"/>	SDVOHZ Service Disabled Veteran Owned Hub Zone		

Procurement Department

Submitted By: _____
 Date Submitted: _____
 Location: _____
 Approved by: _____
 Approved date: _____

Finance Department

Approved by: _____
 Approved date: _____
 Entered By: _____
 Date Entered: _____