STATE OF MAINE
New Vendor & Vendor Update Form

Reset

Print Form

Please return this form to your agency contact.

Check all that apply:

☐ New Vendor ☐ Address Change ☐ Multi Address ☐ Name Change ☐ Contact Update ☐ ID # Change

All fields with * are required for processing. Only one name/vendor per a form.

Social Security Number*
Individual or Sole Proprietor

S# _____ Business name in "DBA" field below.

Federal Taxpayer ID Number*
Corporation/Business

E# _____ Business name in "Name" field below.

NEW:*
Remit to Address:

Name* _____

DBA or C/O _____

Address* _____

_____

City/State/ Zip* _____

Phone* _____

OLD: Old number if changing _____

Name _____

DBA or C/O _____

Address* _____

_____

City/State/ Zip* _____

Phone* _____

Is this the same name on your Social Security Card?

☐ YES ☐ NO

If NO, have you told Social Security about the change?

☐ YES ☐ NO

Account or Client # here: _____

Signature* _____

Printed Name & Title _____

Date* (within 3 months) _____

Contact Name _____

A/R Contact Name _____

Phone* _____

☐ Commodity ☐ Factory Rep ☐ Individual ☐ Jobber ☐ Minority ☐ Partnership ☐ Small Business

☐ Dealer ☐ Incorporated ☐ In-State ☐ Manufacturer ☐ Other ☐ Retailer ☐ Woman

OFFICE USE ONLY — Information on State Agency Submitting Vendor Form — OFFICE USE ONLY

Sate Agency & SHS # * _____

Agency Contact Person Name & Title* _____

Contact's Phone # _____