Print Form

STATE OF MAINE
New Vendor & Vendor Update Form

Reset

FILL OUT FORM COMPLETELY - ALL AREAS ARE REQUIRED - ONLY ONE NAME & TIN PER A FORM

FEDERAL TAXPAYER ID NUMBER

TIN

Vendor Customer Number (if known) VC#

Account or Client Number (if known)

TIN Type	Organization Type	Classification
◯ Social Security No.	◯ Individual	☐ Individual ☐ Sole Proprietorship ☐ Nonresident Alien
◯ Employer ID No.	◯ Company	☐ Corporation ☐ Foreign* (W8 required) ☐ Partnership ☐ Trust ☐ State Gov't ☐ Other Gov't ☐ Other

NEW PAYMENT ADDRESS	OLD
Name	Name
Alias/DBA	Alias/DBA
C/O	C/O
Address	Address
C/S/Z	C/S/Z
Phone	Phone

NEW PHYSICAL / PROCURMENT ADDRESS	OLD
Name	Name
Address	Address
C/S/Z	C/S/Z

Contact Name:

Email Address:

Contact Phone

Note

Authorized Signature,
Title & Current Date:

I certify that the above information is accurate & correct as of the current date signed on this form. I am responsible for updating & maintaining my information on a regular basis by written communication via this form or via the internet at the Vendor Self Service web site.

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

State Agency & SHS # *

Agency Contact Person Name & Title*

Contact's Phone #