

# New Vendor Approval

Date: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Contact: \_\_\_\_\_

Product/Service Provided: \_\_\_\_\_

1099 Vendor

Yes

(Circle One)

No

Tax ID or SS Number \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

Mike Onufrey  
Purchasing Supervisor

\_\_\_\_\_  
Date: \_\_\_\_\_

Maureen Kenney  
Purchasing Agent