

New/Modify Supplier Form

This form is used to request a new/modify a supplier. If you creating a purchase request in AGGIE-MART, please use the form created there to request a new supplier.

Requesting Department Information

Name:
 Campus Email:
 Contact Telephone Number:
 Division:
 Department:

Please check which apply to this supplier:

- | | |
|--|--|
| <input type="checkbox"/> African-American Owned Business | <input type="checkbox"/> Hispanic-American Owned Business |
| <input type="checkbox"/> Asian-American Owned Business | <input type="checkbox"/> Native-American Owned Business |
| <input type="checkbox"/> Asian-Pacific Islander Owned Business | <input type="checkbox"/> Non-Profit Work Center for the Blind & Severely Disabled Business |
| <input type="checkbox"/> Disadvantaged Business Enterprise | <input type="checkbox"/> Government/State Agency |
| <input type="checkbox"/> None Apply | <input type="checkbox"/> Woman-Owned Business |

If this is a new supplier (never used), please request a current W9 (US) or a W8/W8BEN (Foreign). The document must be submitted with this form.

If this supplier is already set-up in Banner Finance, provide the vendor number. 95-

New Supplier Information

Fulfillment/Purchase Order Information	Remittance/Check Receipt Information
Name:	Name:
Address:	Address:
Telephone Number:	Telephone Number:
Fax Number:	Fax Number:
Email Address:	Email Address:
Contact:	Contact:

If there is any additional information that is pertinent to this supplier (e.g. classifications), please indicate below:
