## Fairfield County Auditor Finance Office Vendor Request and Change Form

Check One:	NEW VENDOR CURRENT VENDOR: NAME CHANGE _	Address Change
TO BE COMPLETED BY REQUESTING DEPARTMENT		
Requesting Department:		Vendor Number: (Fill in box if not a new vendor.)
Vendor Name	e:	
New Vendor Name (if application	able):	
Current Address:	Corporate Address	(if different from Corporate Address) <u>Remittance Address</u>
Address	Street Address (If the address is a P.O. box number, you must provide a telephone number below.)	
– Address	City, State, Zip	City, State, Zip
Change: _		
	Street Address Street Address (If the address is a P.O. box number, you must provide a telephone number below.)	
Phone Number:	City, State, Zip	City, State, Zip
TIN No	Employer/Tax Identification Number	
PLEASE NOTE: In order to comply with IRS reporting requirements, all new vendors and vendor changes must include an original and signed W-9 Form accompanying this request. Without this documentation, this request will not be accepted.		
Briefly describe the vendor activity:		
By signing this request, affirms I have evaluated any potential related party relationships and transactions.		
Authorized S	ignature:	urned without an authorized signature.
Date Requested:		
TO BE COMPLETED BY DEPUTY AUDITOR		
Form 1099 Code:		
Deputy Auditor Signature:		
Date Keyed:		