

Medical College of Georgia Vendor Request Form

Check One: **Add Vendor** **Change Existing Address** **Add New Address**

Provide PeopleSoft Vendor ID:

Requested By:

Vendor Type *(Must specify at least one type—specify NMB, if not minority)*

Vendor Information:

Vendor Name 1:

Vendor Name 2:

MCG Customer Number:

Tax ID Number:

DUNS number:

Open for Ordering

1099 Reportable
(W-9 Required)

Classification *(Check one):*

FEN SSN ITIN

Non-resident Alien Foreign Company

STD Payment/Discount Terms:

Additional Address Information:

(Check all that applies)

Order **W-9** **Remit**

Address Line 1:

Address Line 2:

City:

State/Province:

Postal Code:

Country/Region:

Address Information:

(Check all that applies)

Order **W-9** **Remit**

Address Line 1:

Address Line 2:

City:

State/Province:

Postal Code:

Country/Region:

Contact Information:

Name:

Email Address:

Job Title *(Optional):*

Telephone Number:

Office Location:

Cell Phone Number:

Web Address:

Fax Number:

Internal Use Only

Date Added:

Vendor Verification Method:

TIN DUNS Web Search

Added By:

Phone #