

# ADVANTAGE VENDOR MAINTENANCE REQUEST

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

New

Add ( )      Change ( )      Vendor# \_\_\_\_\_

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

\_\_\_\_\_

Vendor Address \_\_\_\_\_

\_\_\_\_\_

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

Tax ID Information:    EIN# \_\_\_\_\_    S.S.# \_\_\_\_\_

**NOTE:** The appropriate vendor's documentation must be submitted with this vendor request form that indicates the vendor's remittance and or correspondence address e.g .invoice, vendor letter etc. It can be faxed to 215-400-4531.

Requestor Name: \_\_\_\_\_

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

**For Accounting Purposes Only:**

Vendor # \_\_\_\_\_

Accounting Clerk: \_\_\_\_\_ Date \_\_\_\_\_