

- New
- Address Change
- Additional Address

Requested By: _____
 Department: _____
 Extension: _____

Banner Vendor Number _____ Date: _____

Vendor Name: _____
Last *First* *Middle Name*

Vendor Product/Service: _____

Vendor Type	Please Check All Applicable Boxes		
<input type="checkbox"/> Non-Resident Alien	<input type="checkbox"/> Women Business Enterprise	<input type="checkbox"/> Small Business	
<input type="checkbox"/> OSU Employee	<input type="checkbox"/> Federal agency	<input type="checkbox"/> Minority Owned	
<input type="checkbox"/> OSU Student	<input type="checkbox"/> State of Oregon	<input type="checkbox"/> Disadvantaged Business	
<input type="checkbox"/> Incorporated	<input type="checkbox"/> Historically Black & Minority Inst.	<input type="checkbox"/> Local Government	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Qualified Rehabilitation Facility	<input type="checkbox"/> Non-Profit	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Foreign Country	<input type="checkbox"/> None of the Above	
<input type="checkbox"/> Independent Contractor			

Vendor Order Address	Vendor Payment Address
_____ Street/IPO Box	_____ Street/PO Box
_____ Second Line	_____ Second Line
_____ City State/ZIP	_____ City State/ZIP
1-() - Toll-Free#	1-() - Toll-Free#
1-() - Phone	1-() - Phone
1-() - Fax	_____ Business EMAIL
	http:// _____ URL

Federal I. D. Number (If company or corporation, must match I.R.S. registered business name.)

SSN-Individual/Sole Proprietor