

VENDOR INFORMATION FORM

Issue Date: 03/16/2010, Revision 03/10/2017 (6)



1401 East Court Street Flint, Michigan 48503

In order to process payment to a vendor, the information on this form, in conjunction with the Internal Revenue Service [W-9 Request of Taxpayer Identification Number and Certification \(W-9\)](#) is required. Please complete the fields below to request the creation of a new vendor record or to update the record of an existing vendor. Completed forms can be faxed to 810-762-5645 or emailed to any staff member of the [Purchasing Department](#).

REQUIRED INFORMATION:

CREATE New Record

UPDATE Existing Record

Business Name or Person Name

Website (if applicable)

Federal ID (EIN) or Social Security Number (SSN)

Have you ever done business with Mott Community College?

Yes

No

Have you ever done business under a different name?

Yes

No

If yes, what name?

Sales Contact Name

Sales Contact Title

Sales Contact Email Address

Sales Contact Phone Number | Fax Number

Preferred method of receiving orders: Postal Mail

Website

Email

Fax

Send purchase orders to:

Business Name or Person Name

Street Address

City, State, Zip

Email Address

Phone Number | Fax Number

Send payment to:

Business Name or Person Name

Street Address

City, State, Zip

Attention (if applicable)

Billing Contact Name

Billing Contact Email Address

Billing Contact Phone Number | Fax Number

OPTIONAL INFORMATION:

If your business offers discounts to students who are enrolled in higher education courses, please provide the email address and/or information on how students can access discounts (attach additional documents if necessary):

If your business has a scholarship program that students may apply to, please provide the email address and/or information on how students can access the information and application (attach additional documents if necessary):

Colleague ID #