



SUPPLIER MAINTENANCE FORM

Reason For This Action (Check One):

- New Supplier Supplier Change Supplier Name Change Other _____

Supplier PO NAME: _____

INVOICE REMIT NAME: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Contact Name: _____

Contact Name: _____

Email Alias Address: _____

(example: purchaseorders@xyz.com)

Email Alias Address: _____

(example: accountsreceivable@xyz.com)

Preferred method of Receiving Purchase Orders(X)

Fax: _____ Email: _____

Payment Terms: _____

Supplier Type: (check one, if applicable)

**** Please include certificate ****

DBE _____

MBE _____

VBE _____

WBE _____

Do you accept credit card payments

yes _____ no _____

If yes, do you charge a fee?

yes _____ no _____

Interest rate/fee (if yes) _____

Documentation Requirements: (if applicable)

- Form W-9 for all new suppliers.
- Address/name changes: documentation showing the change:
Name Change – letter on company letterhead and/or updated W-9
Address Change – letter or notice from company

3. Company Certification

EMAIL COMPLETED FORMS WITH REQUIRED DOCUMENTS TO:

SUPPLIERMAINTENANCE@HACC.edu and cc your HACC contact person. Subject line must state "Supplier Maintenance Form and name of HACC contact".

HACC internal use only:

1099 REPORTABLE: YES _____ NO _____

REASON: (choose one)

_____ CORP (indicate TYPE _____)

_____ LLC (indicate TYPE _____)

_____ INDIVIDUAL/SOLE PROPRIETOR

_____ PARTNERSHIP

_____ OTHER (describe _____)

Originator: _____

Vendor ID: _____

Entered by: _____

Date: _____

Reviewed by: _____

Date: _____