



## Vendor Information Sheet

New Vendor      Vendor Change      Reason

**Federal Tax ID# (SS# for individuals)**

**Vendor Name**

**Remittance Address**

**Phone Number**

**Fax Number**

**Texas A&M-Commerce Student**      Yes      No

**Texas A&M-Commerce Employee**      Yes      No

**Prospective Employee**      Yes      No

**W9 Form is required - Request for Taxpayer Identification Number and Certification**

**W9 on file**      See FAMIS screen 103 for date in W9 Date field

**W9 attached**      Request IRS Form W9 from Vendor

**Direct Deposit is recommended – Complete form available on AP website:**

<http://web.tamu-commerce.edu/facultyStaffServices/financialServices/offices/accountsPayable/forms/default.aspx>

**Direct Deposit form attached      Direct Deposit declined**

**Texas A&M University-Commerce Department Contact:**

**Name:**

**Phone #:**

**Department:**

**E-mail address:**

When completed FAX to: Accounts Payable (903) 886-5899 Or mail to: Accounts Payable PO Box 3011 Commerce, TX 75429