

Vendor/Supplier Request Form

Return completed form and W9 to:

purchasing@endicott.edu

ENDICOTT COLLEGE
ATTN: PURCHASING
376 HALE STREET BEVERLY, MA 01915

376 Hale Street
Beverly, MA 01915
www.endicott.edu



New Supplier

Supplier Legal Name:

*SSN/EIN:

*Provide a [W-9](#) or appropriate [W-8BN](#) form

Web Address:

Supplier Legal Address:

Line 1: _____

Line 2: _____

City: _____

State: _____ Zip: _____

Country: _____

Remit To Address (if applicable):

Line 1: _____

Line 2: _____

City: _____

State: _____ Zip: _____

Country: _____

Payee's Residence, Domicile or Permanent Place of Abode: (if different from payment address)

Line 1: _____

Line 2: _____

City: _____

State: _____ Zip: _____

Country: _____

Supplier Contact Information:

Purchase Order Recipient– Name:

Phone:

Email:

Sales or Customer Service – Name:

Phone:

Email:

Accounts Receivable – Name:

Phone:

Email:

Payment options:

☐ Electronic Funds Transfer (EFT)

Bank Name:

Routing Number:

Account Number:

Type: ☐ Checking ☐ Savings

☐ Check payments mailed to address above

Supplier Maintenance/Update **All information must be provided for any change to be made*

*Provide an updated [W-9](#) or appropriate [W-8BN](#) form

*Last Payment Date:

*Last Payment Amount:

Type of Change:

☐ Address ☐ Legal ☐ Remit To

☐ Banking

Line 1: _____

Line 2: _____

City: _____

State: _____ Zip: _____

Old Routing Number: _____

Old Account Number: _____

New Routing Number: _____

New Account Number: _____

Type: ☐ Checking ☐ Savings

Authorization:

Signature: _____

Email: _____

Printed Name: _____

Date: _____