Vendor/Supplier Request Form

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

Return completed form and W9 to:

purchasing@endicott.edu

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

New Supplier

Supplier Legal Name:	*SSN/EIN: *Provide a W-9 or appropriate W-8BN form

Web Address:

Supplier Legal Address:	Remit To Address (if applicable):	Payee's Residence, Domicile or Permanent Place of Abode: (if different from payment address)
Line 1: _____	Line 1: _____	Line 1: _____
Line 2: _____	Line 2: _____	Line 2: _____
City: _____	City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____	State: _____ Zip: _____
Country: _____	Country: _____	Country: _____

Supplier Contact Information:

Purchase Order Recipient– Name:	Phone:	Email:
Sales or Customer Service – Name:	Phone:	Email:
Accounts Receivable – Name:	Phone	Email:

Payment options: Check payments mailed to the address above ☐ Legal ☐ Remit To

☐ Electronic Funds Transfer (EFT)

Bank Name:	Routing Number:	Account Number:	Type: ☐ Checking ☐ Savings

Bank Address:

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

Line 1: _____

Line 2: _____

City: _____

State: _____ Zip: _____

☐ Banking

Old Routing Number: _____

Old Account Number: _____

New Routing Number: _____

New Account Number: _____

Type: ☐ Checking ☐ Savings

Authorization:

Signature: _____

Printed Name: _____

Email: _____

Date: _____