VENDOR	REQUEST	FORM
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DATE:

VENDOR NAME:	
VENDOR EIN/TAX ID#:	
PRODUCT/SERVICE:	
VENDOR ADDRESS:	
PHONE:	
EMAIL ADDRESS:	

SOCIAL SECURITY NUMBER OR EMPLOYEE ID NUMBER:

APPROVED BY: DATE APPROVED:

\*An IRS W-9 form must be attached to this form.

P.O. Box 218 Conetoe, NC 27819 www.townofconetoenc@gmail.com

252-823-0349