**US Vendors: W-9** required  **Non-US Vendors: W-8BEN** required

|  |  |  |  |
| --- | --- | --- | --- |
| **Vendor** | Choose an item. | **Request Date** | *date* |
| **Type of Action** | Choose an item. | **Item(s) to Change (***Change Request only)* | *Change Net Terms* |
| **Vendor Type** | Choose an item. | **Vendor No.** |  |
| **Vendor TIN** |  | | |
| **Vendor Name** |  | | |
| **DBA Name** |  | | |
| **Vendor Address** |  | | |
| **City** |  | **State** |  |
| **Zip Code** |  | **Country** |  |
| **Phone** |  | **Fax** |  |
| **Contact Name** |  | **Alternative Contact** |  |
| **Email Address** |  | **Alternative Phone #** |  |
| **Payment Terms** |  | **Website Address** |  |
| **UEK FIELD (Aesynt -**  **For use with Ultriva)** |  | | |
| **Provide Remit To Address for Check Payments, if different from Above** | | | |
| **Vendor Address** |  | | |
| **City** |  | **State** |  |
| **Zip Code** |  | **Country** |  |
| **SBA CLASSIFICATION:  *None******OR*** *Mark all that apply below*  *\*Attach SBA Certification Document when applicable* | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Small Business Owned Concerns (SBOC)** |  | **Veteran Owned Small Business (VOSB)** |  | **Service-Disabled Veteran Owned (SDVO)** |
|  | **Small Disadvantaged Business Concerns (SDBC)** |  | **Woman Owned Small Business (WOSB)** |  | **Hub Zone**  **(HUBZ)** |

***Manager Signature (Jim Norwood or Sharon Reddington):***

|  |  |  |  |
| --- | --- | --- | --- |
| **Setup Requested by** |  | **Date** | *date* |
| **Business Owner** |  |  |  |
| **Vendor Category** | Choose an item. | **Payment Method** |  |
| **Approved by** |  | **Date** | *date* |
| **Entered by** |  | **Date** | *date* |

**For Aesynt AP Use Only:** Not to process without Managers approval