

## VENDOR MAINTENANCE REQUEST FORM Town of Foxborough

<b>To:</b>	<a href="#">Christine Dupras</a>		
<b>From:</b>			
<b>Date:</b>			
<b>No. of Pages:</b>			
<b>New Vendor?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Federal ID/Social Security #</b>	
<b>1099 Vendor?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>W-9 FORM MUST BE ATTACHED</b>			
<b>VENDOR INFORMATION</b>			
<b>Vendor Name:</b>			
<b>DBA:</b>		<b>Remit to Address (If different)</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City</b>		<b>City</b>	
<b>State</b>		<b>State</b>	
<b>Zip</b>		<b>Zip</b>	
<b>CONTACT INFORMATION</b>			
<b>General Email:</b>			
<b>Web Site:</b>			
<b>Contact 1</b>		<b>Contact 2</b>	
<b>Name</b>		<b>Name</b>	
<b>Title</b>		<b>Title</b>	
<b>Phone</b>		<b>Phone</b>	
<b>Fax</b>		<b>Fax</b>	
<b>Email</b>		<b>Email</b>	
<b>TERMS</b>			
<b>Payment Terms</b>			
<b>Discount Available?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If YES: Days/Discount %</b>	
<b>Default Account #</b>			