

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:	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:
Customer Service – Name:	Phone:	Email:
Sales or Other – Name:	Phone:	Email:
Payment options: Check payments mailed to the address above Legal Remit To		
<input type="checkbox"/> Electronic Funds Transfer (EFT)		
Bank Name:	Routing Number:	Account Number: Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Accounts Receivable (Remit To) email addresss for notification of EFT payment:		
Supplier Maintenance/Update <i>*All information must be provided for any change to be made</i>		
*Provide an updated W-9 or appropriate W-8BN form	*Last Payment Date:	*Last Payment Amount:
Type of Change: <input type="checkbox"/> Address <input type="checkbox"/> Legal <input type="checkbox"/> Remit To		<input type="checkbox"/> Banking
Line 1: _____		Old Routing Number: _____
Line 2: _____		Old Account Number: _____
City: _____		New Routing Number: _____
State: _____ Zip: _____		New Account Number: _____
		Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorization:		
Signature: _____	Email: _____	
Printed Name: _____	Date: _____	