

SAN MIGUEL COMMUNITY SERVICES DISTRICT

NEW VENDOR INFORMATION REQUEST FORM



PLEASE COMPLETE AND SEND BACK THIS FORM TO BECOME A VENDOR OF THE SAN MIGUEL COMMUNITY SERVICES DISTRICT.

VENDOR NAME:

ACCOUNTS PAYABLE CONTACT

NAME:

EMAIL:

PHONE#:

ACCOUNTS RECEIVABLE CONTACT

NAME:

EMAIL:

PHONE#:

BUSINESS ADDRESS:

REMIT ADDRESS:

GENERAL PHONE#:

FAX#:

SOCIAL SECURITY # OR EMPLOYER IDENTIFICATION #:

An IRS W-9 form must be attached before submitting to the finance department

SMACCOUNTING@SANMIGUELCSO.ORG

any questions please call 805-467-3388 extension 107

OFFICE USE:

___ W-9 Received BMS Vendor # _____