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@SANMIGUELCSD.ORG
any questions please call 805-467-3388 extension 107

OFFICE USE:

___ W-9 Received BMS Vendor # _____