

# WILLIAM CAREY

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## UNIVERSITY

### Vendor Change Form

Please complete this form and email to Accounts Payable, ap@wmcarey.edu.  
Complete any information that needs to be updated.

To be completed by the vendor		
Individual or company name <b>A W-9 form must accompany this form if there is change to name.</b>	Are you a William Carey employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company's Federal Tax ID or Social Security number <b>A W-9 form must accompany this form if there is change to Federal Tax ID or Social Security number.</b>		
<b>New Remittance Address</b>		
Street Address		
City	State	Zip
Contact person	Phone number	Email address
<b>Signature of Vendor Representative or Individual</b>		
Signature	Date	

FOR INTERNAL USE ONLY	
Date received: _____	Date updated: _____