

# Wells-Ogunquit CSD-REQUEST NEW VENDOR

Staff Name: \_\_\_\_\_  
Staff Email: \_\_\_\_\_

**1099 Information**  
Do you have a W-9 from this vendor?  Yes  No  
Was W-9 mailed to vendor?  Yes  No  
*\* If Yes: Enter the date W-9 was mailed to vendor* \_\_\_\_\_

Vendor Name: \_\_\_\_\_  
Update  New

**Check Remittance Information**  
Check as Appears on Check: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Purchasing Info**  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Can we email Vendor: Yes  No   
If Yes Email to: \_\_\_\_\_

**Contact Information**  
Contact Name \_\_\_\_\_  
Contact Email \_\_\_\_\_  
Contact Phone \_\_\_\_\_  
Contact Cell \_\_\_\_\_