



MERCED IRRIGATION DISTRICT

NEW VENDOR/VENDOR UPDATE FORM

Originator: _____ Date: _____

Vendor Status:

_____ New Vendor (Originator to complete information below and supply proof of insurance)

_____ Changes to Existing Vendor (Originator to verify all vendor info is up to date)

Description of Product and/or Service: _____

Payment Terms: _____ (Net 30, 2% 10, etc)

Reason for Vendor Request : _____

Required Vendor Information:

A. Name: _____
 Business Address: Street: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____ Mobile: _____
 Email: _____
 Contact Name: _____ Title: _____

B. Remit to / Billing Address: (if different than business address):
 Street or PO Box: _____
 City: _____
 State: _____ Zip Code: _____

C. Is Vendor:
 _____ Incorporated _____ LLC _____ Partnership
 _____ Individual / Sole Proprietor, if so complete the following:
 Owner's Full Name and Title: _____
 Owner's Social Security Number: _____
 Employer Identification Number (EIN): _____

D. Vendor's Authorized Representative: _____ Title: _____

E. Copy(ies) of Liability and Worker's Comp Insurance attached: _____ Yes _____ No