



# MERCED IRRIGATION DISTRICT

## NEW VENDOR/VENDOR UPDATE FORM

Date: \_\_\_\_\_

Vendor Status:

New Vendor (Complete information below and supply proof of insurance.) Changes to Existing Vendor

Description of Product and/or Service: \_\_\_\_\_

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

Required Vendor Information:

A. Name: \_\_\_\_\_

Business Address: Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

P/O Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

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 (SSN): \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

D. Vendor's Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

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

E. I have read and acknowledge MID's Terms and Conditions