

NEW VENDOR APPLICATION/UPDATE FORM
Commercial or Service Vendor

Commercial or Service Vendors wishing to do business with the County must submit this form or have a Lincoln County employee submit on your behalf. *This form and all supporting documents are to be provided and processed before an approved purchase order can be issued approving services or purchases.*

Vendors are responsible to provide the County Purchasing Department with changes to addresses; contact names; phone numbers; invoicing changes; sale or closure of business; or deactivation requests.

Failure to do so could result in delayed payment and/or tax documents when applicable.

Please submit form to the **Purchasing Agent via e-mail: Purchasing@lincolncountynm.gov** or by **U.S. mail to Lincoln County Purchasing Agent P.O. Box 711, Carrizozo, NM 88301.**

Request for: [] a NEW VENDOR set up [] CHANGES (circle areas to change below)
[] Deactivate/reason: _____ Vendor # _____

Vendor Name: _____
(As appears on your taxes)

DBA: _____
(If different from above)

Mailing & *Remit to Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Cell#: _____

Contact or Rep's name: _____

E-mail: _____ **Web Site:** https://www. _____

***Accounting or Remit to Contact *(if different from above):**

Contact Name: _____ **Company:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

E-mail: _____ **Phone #:** _____

(If known) County Employee/Department requesting services: _____

Services or products provided: _____

Account/Customer number assigned to the County # _____

Vendor Must Provide their:

_____ Current version IRS W-9 form, any other version will be *rejected*, this is an IRS requirement.

_____ NM Tax & Rev CRS number: _____

_____ Check if an Out of State Vendor with NO CRS#.

_____ Gov Contract/or a Price Agreement/Co-Op# _____

Contract Period: _____ Provide a copy of the agreement

If applicable to your services provide a copy of:

_____ Business or Contractors license showing number & expiration date.

_____ Insurance POI

To be completed by County Purchasing Agent: VENDOR #: _____

Completed By: _____ **Date:** _____ [] **New vendor information sent**