

Northwestern State University
VENDOR CREATE/MODIFICATION DOCUMENT
email: purchasing@nsula.edu

☐ Create New Vendor

☐ Modify Information for existing Vendor Number _____ Vendor Name _____

*Is the Existing Vendor a past or present Employee or Student? ☐ Yes ☐ No

Vendor Type (Choose all that apply):

☐ Purchasing (FTMVEND) ☐ Professional Services (FTMVEND) ☐ Agency/Grantor (FTMAGCY)

Reason to create or modify: _____

ORDER MAILING ADDRESS

Vendor Name: _____

TIN/SSN: _____

Order From Address:

City: _____

State: _____

Zip Code: _____

Telephone: _____

Ext: _____

Fax: _____

Vendor Contact: _____

E-Mail (Typed): _____

PAYMENT REMIT ADDRESS

Only if Different from Mailing Address

Vendor Name: _____

TIN/SSN: _____

Remit to Address:

City: _____

State: _____

Zip Code: _____

Telephone: _____

Ext: _____

Fax: _____

Vendor Contact: _____

E-Mail (Typed): _____

Vendor's Terms: _____
(Example: 2%-10, Net 30)

Requested by: _____

Purchasing Department Approval: _____

Vendor Number Assigned: _____