

* - Indicates mandatory fields



Vendor Details

Vendor Name:*

Fed ID:* VDMU Number:* [No VDMU Number?](#)

Ordering Department Phone #:* Extn: (Note: Not the Old Tim #)

Ordering Department Fax #: Ordering Department Email:

Ordering Department Email (For Automatic PO Transmission Only)*:

Ordering Department Email (For Information):

Accounts Receivable Phone #:* Extn: Accounts Receivable Fax #:

Accounts Receivable Email:* Vendor Website:*

Address to mail Purchase Orders

Street:*

City:*

Country:*

State:*

Zip Code:*

Vendor Payment Address

Check here, if same as location

Payment Vendor Name:*

Street:*

City:*

Country:*

State:*

Zip Code:*

Accepts Mastercard for Purchase Order purchases after presentation of Invoice: Yes No

Comments:

Contact Details: