

MILES COLLEGE
REQUEST TO ADD VENDOR

Date _____

Vendor Number _____ **Short Name** _____

Company Name _____ **Individual** **Company**

Contact Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____ **Fax Number** _____

E:mail _____

Purpose: _____

Originator

Vice President, Finance & Administration

**Please note that a signed and completed W-9 form must be attached in order for request to be processed. Forms must be submitted five (5) days prior to date needed. Completed Form can be faxed to 205.929.2598.*