

**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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Originator**

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**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.*