



VENDOR CHANGE REQUEST

County of Oakland
Department of Management & Budget
Fiscal Services Division
Executive Office Building
1200 N Telegraph Rd Pontiac MI 48341
Phone (248) 858-5489 Fax (248) 452-2148

Date _____

Requesters Signature _____

Requesters Name (Please Print) _____

Requesters Phone Number _____

FEDERAL TAX IDENTIFICATION NUMBER

(Use Social Security Number if sole proprietor)

TIN

SSN

Please type or print clearly.

Un-Signed change forms will be returned to you.

Change Business Name **Only** (Same Tax Identification Number)

Changes in Tax Identification Number Requires New Registration Forms & W-9

Change Business Address **Only**

Change Remittance Address **Only**

Change Both Business Address and Remittance Address

Change Phone Number

Change Contact Person

Change Fax Number

Change E-mail Address

Old Business Name and Address

Legal Business Name
Address Line One
Address Line Two
City State Zip+4
(Area Code) Phone (Area Code) Fax
Contact Person
E-mail Address

New Business Name and Address

Legal Business Name
Address Line One
Address Line Two
City State Zip+4
(Area Code) Phone (Area Code) Fax
Contact Person
E-mail Address

Old Remittance Address

Legal Business Name
Address Line One
Address Line Two
City State Zip+4
(Area Code) Phone (Area Code) Fax
Contact Person
E-mail Address

New Remittance Address

Legal Business Name
Address Line One
Address Line Two
City State Zip+4
(Area Code) Phone (Area Code) Fax
Contact Person
E-mail Address