



**GOVERNMENT OF GUAM**  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF ACCOUNTS

**VENDOR RECORDS**

To: Accounts Payable Section

From: \_\_\_\_\_

Subject: Request for establishment of vendor number or change of vendor record.

This is a request for the establishment of vendor number or the change of vendor record for the following:

NEW VENDOR

CHANGE OF VENDOR RECORD

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City State Zip Code

City State Zip Code

**OTHER REQUIRED INFORMATION**

Taxpayer ID No./Soc Sec No: \_\_\_\_\_

Type of Product / Svc: \_\_\_\_\_

Contact No.(work): \_\_\_\_\_

Contact No.(other): \_\_\_\_\_

Fax Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Attached is a copy of:

Business License

Proper identification

Existing Vendor  
Number

VENDOR APPLICANT'S SIGNATURE

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Please fill out, print & sign the IRS W-9 form:  
<http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3>

**REQUESTING AGENCY or DEPARTMENT**

Submitted by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Contact No.

\_\_\_\_\_  
Date

**DEPARTMENT OF ADMINISTRATION**

Vendor Number

Established by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date