

TORRANCE COUNTY

NEW VENDOR REQUEST FORM

Date _____ Department _____

Vendor Name _____ NM Tax Identification # _____

Vendor Address _____ Federal Tax Identification #
or Social Security # _____

Telephone # (including area code) _____

A completed form W-9 must be attached to this form.

<i>For County Manager's Office Use Only:</i>	Date Entered in System _____
Vendor # _____	Eligible for 1099 _____