**Individual Vendor Information Form**

New Individual Update Existing Individual Information

This form is required by all vendors, including individuals, and must be completed prior to processing of purchase orders and/or checks. **\*Please mail, fax, or email completed forms to:**

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| Widener University Director of Purchasing, Michelle Shelton  Purchasing Department Phone Number: (610) 499-4239  One University Place Fax Number: (610) 499-4678  Chester, PA 19013 Email: [mmshelton@widener.edu](mailto:mmshelton@widener.edu) |

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| **Are you an employee of Widener University? Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_**  If yes, please call Purchasing at 610-499-4239 or 610-499-4408, before filling out this form. |  |

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| **Legal Name**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| |  |  | | --- | --- | | Address:  Street:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Apt/Building:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: Zip: | Social Security Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
| **Widener Staff and/or Department you are working with:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**Vendor Type:**

Corporation/Inc Partnership Individual Sole Proprietor Limited Liability Co. Small Business

Non-Profit (Attach Letter)Tax-Exempt Organization or Federal, State, or Local GovernmentAgency

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| **Individual (Print Name):** **Date:** |
| **Individual (Signature):** |