**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 SheltonPurchasing Department Phone Number: (610) 499-4239One University Place Fax Number: (610) 499-4678Chester, PA 19013 Email: 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**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Address:Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt/Building:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: Zip:  | Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  |  |

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| **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):**    |