

CITY OF STAFFORD  
NEW / UPDATED VENDOR REQUEST FORM



Date Submitted: \_\_\_\_\_

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

Contact: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

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

(If different)  
\_\_\_\_\_  
\_\_\_\_\_

Tax ID #: \_\_\_\_\_

Payment Terms: \_\_\_\_\_

Description of purchase:  
\_\_\_\_\_  
\_\_\_\_\_

Permanent Vendor: YES  NO

Department Approval: \_\_\_\_\_