

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: _____