



VENDOR CHANGE REQUEST

County of Oakland
Department of Management & Budget
Fiscal Services Division
Executive Office Building
2100 Pontiac Lake Rd Waterford MI 48328
Phone (248) 858-5489 Fax (248) 452-2148

Date _____

Requesters Signature _____

Requesters Name (Please Print) _____

Requesters Phone Number _____

FEDERAL TAX IDENTIFICATION NUMBER

(Use Social Security Number if sole proprietor)

TIN SSN

Please type or print clearly. Un-Signed change forms will be returned to you.

- Change Business Name **Only** (Any change in a Business Name requires a W-9 to be submitted with this form)
- Change Business Address **Only**
- Change Both Business Address and Remittance Address
- Change Contact Person
- Change E-mail Address
- Change Remittance Address **Only**
- Change Phone Number
- Change Fax Number

Old Business Name and Address

Legal Business Name
Address Line One
Address Line Two
City State Zip+4
(Area Code) Phone (Area Code) Fax
Contact Person
E-mail Address

New Business Name and Address

Legal Business Name
Address Line One
Address Line Two
City State Zip+4
(Area Code) Phone (Area Code) Fax
Contact Person
E-mail Address

Old Remittance Address

Legal Business Name
Address Line One
Address Line Two
City State Zip+4
(Area Code) Phone (Area Code) Fax
Contact Person
E-mail Address

New Remittance Address

Legal Business Name
Address Line One
Address Line Two
City State Zip+4
(Area Code) Phone (Area Code) Fax
Contact Person
E-mail Address