

**Vendor Information
(Please Print)**

Company Name: _____

Contact Person: _____

Physical Address: _____

Billing Address: _____

Telephone: _____ **Fax Number:** _____

E-Mail : _____

Company Website: _____

Tax ID: _____

Is this a Social Security Number _____ **or Federal Tax ID** _____

(Mark an X in the correct space to identify which one applies)

Marshall County Use Only

Vendor Number _____

Entered On _____

Entered By _____

Dept. Requesting New Vendor Setup: _____