



# Bernalillo County Vendor Master Request Form – VMRF

**\*\*All fields in bold are required. Form will be returned if missing details. \*\***

**Please submit by FAX: (505) 468-7201**

Questions on the form? Call (505) 468-7020

## Vendor Details & Contact Information:

(W9 IRS Form is required and attached).

**Vendor Name:** \_\_\_\_\_  
(As shown on your income tax return)

**Doing Business As:** \_\_\_\_\_  
(If different from above)

**\*\*The TIN must match the Vendor Name on file with the IRS to avoid backup withholding. For individuals this may be your social security number**

**Federal Tax ID Number (if applicable):** \_\_\_\_\_

**Social Security Number (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone #:** (\_\_\_\_) \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Fax #:** (\_\_\_\_) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Website homepage:** \_\_\_\_\_

**Remit Address (if different than above):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Remit Phone #**(\_\_\_\_) \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Fax #:** (\_\_\_\_) \_\_\_\_\_

**Remit E-mail address:** \_\_\_\_\_

**Ordering Address (if different than above):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Ordering Phone #** (\_\_\_\_) \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Fax #:** (\_\_\_\_) \_\_\_\_\_

**Ordering E-mail address:** \_\_\_\_\_

**Please Specify how you would like to receive Purchase Orders from Bernalillo County:**  
(Check one of the below)

**Email** \_\_\_\_\_ **Fax** \_\_\_\_\_ **US Postal Mailing Services** \_\_\_\_\_

### (To be completed by Vendor Master Team Only)

Account Group (circle one/fill in vendor number in space provided)

PVEN for Procurement vendors \_\_\_\_\_; EMPL for Employees created as vendors \_\_\_\_\_;

ORDR for Ordering address vendors \_\_\_\_\_;

REMT for vendors with different address to send payments (Permitted payee) \_\_\_\_\_;

CONT: Contractual Vendor \_\_\_\_\_; ONET: One Time Vendor \_\_\_\_\_

Department Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment terms: \_\_\_\_\_

NM Tax Location Code: \_\_\_\_\_

Vendor approved for Master File creation:

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_