

**EL DORADO COUNTY AUDITOR-CONTROLLER'S OFFICE  
VENDOR REQUEST FORM**

**INSTRUCTIONS:** Complete this form to request a new vendor number or changes to an existing one. Submit this and any additional forms to the Auditor-Controller's Office by email ([au\\_vendors@edcgov.us](mailto:au_vendors@edcgov.us)). Submission of a fully completed form will prevent delays in processing payments.

**IT IS THE REQUESTING PARTY'S RESPONSIBILITY TO VERIFY THAT SUBMITTED INFORMATION IS CORRECT**

<b>VENDOR REQUEST</b>	<input type="checkbox"/> (1) NEW VENDOR <input type="checkbox"/> (2) UPDATE TO EXISTING VENDOR <input type="checkbox"/> (3) EDC EMPLOYEE	
<b>(1) NEW VENDOR (PAYEE DATA RECORD REQUIRED IN LIEU OF W-9)</b>	VENDOR NAME (INCLUDE INC., LLC., CO., etc.)	
	DBA (IF APPLICABLE)	VENDOR CONTACT NAME
	PHYSICAL/BUSINESS ADDRESS	REMITTANCE ADDRESS (IF DIFFERENT THAN PHYSICAL ADDRESS)
	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
	PHONE NUMBER	FAX NUMBER
<b>(2) EXISTING VENDOR</b>	INDICATE TYPE OF CHANGE REQUESTED	
	<input type="checkbox"/> ADD TO ADPICS ONLY <input type="checkbox"/> ADD TO FAMIS ONLY <input type="checkbox"/> ADD TO ADPICS AND FAMIS <input type="checkbox"/> SALES ADDRESS CHANGE <input type="checkbox"/> REMITTANCE ADDRESS CHANGE <input type="checkbox"/> ADD ITIONAL SALES ADDRESS <input type="checkbox"/> ADDITIONAL REMITTANCE ADDRESS	
	UPDATED INFORMATION	
	VENDOR NAME (INCLUDE INC., LLC., CO., etc.)	
	DBA (IF APPLICABLE)	VENDOR CONTACT NAME
	ADDRESS	
	PHONE NUMBER	FAX NUMBER
<b>(3) EDC EMPLOYEE</b>	EMPLOYEE NAME	DEPARTMENT

<b>ADDITIONAL VENDOR INFO AND RESIDENCY STATUS</b>	VENDOR PROVIDES: <input type="checkbox"/> PRODUCT ONLY <input type="checkbox"/> SERVICE ONLY <input type="checkbox"/> PRODUCT AND SERVICE <input type="checkbox"/> RENTS/LEASES <input type="checkbox"/> OTHER IF VENDOR PROVIDES SERVICE, WHAT TYPE? <input type="checkbox"/> MEDICAL <input type="checkbox"/> LEGAL <input type="checkbox"/> GENERAL	
	IS VENDOR A CALIFORNIA RESIDENT? IF YES, ATTACH CA 590 FORM* <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<small>*Vendors are considered California residents if they have a permanent place of business in California or are qualified through the Secretary of State to do business in California. CA 590 form is required only for vendors that do not have a California street address and should <u>ONLY</u> be filled out if one of the exemptions on the form applies.</small>	
	<u>CALIFORNIA NONRESIDENT VENDORS ONLY</u> DID VENDOR PROVIDE A WAIVER OR APPROVAL FOR REDUCED WITHHOLDING? <input type="checkbox"/> YES (attach a copy) <input type="checkbox"/> NO DOES VENDOR CHARGE SALES TAX? <input type="checkbox"/> YES (PROVIDE PERMIT NUMBER) <input type="checkbox"/> NO	

<b>REQUESTING DEPARTMENT OR DISTRICT INFORMATION</b>	DEPARTMENT/DISTRICT _____ CONTACT NAME _____ EMAIL _____ PHONE _____ FAX _____
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AUDITOR'S USE ONLY	
VENDOR #	

PURCHASING USE ONLY			
PO #	BP #	REQ #	