



Bernalillo County Vendor Master Request Form – VMRF

Please submit by FAX: (505) 468-7201 or EMAIL: accountspayable@bernco.gov
Questions on the form? Call (505) 468-7013

Vendor Details & Contact Information:

(IRS Form W9 is also required)

Vendor Name: _____

(As shown on your income tax return)

Doing Business As: _____

****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 _____

OR

Social Security Number _____

Address: _____

City _____ State _____ Zip _____

Phone #: (____) _____ Ext: _____ Fax #: (____) _____

E-mail address: _____

Remit Address (if different than above): _____

City: _____ State: _____ Zip: _____

Remit Phone # (____) _____ Ext: _____ Fax #: (____) _____

Remit E-mail address: _____

<p>Would you be interested in receiving payment through ePayables (credit card)?</p>		
Yes _____	No _____	I would like more information _____

<p>Please Specify how you would like to receive Purchase Orders from Bernalillo County: (Check ONLY one of the below)</p>		
Email _____	Fax _____	US Postal Mailing Services _____

Bernalillo County Accounts Payable Representative

Date