



TOWN OF HARWICH

REQUEST FOR NEW VENDOR / CHANGE FORM

This form must be complete and forwarded to the Finance Office PRIOR to securing goods or services from this vendor. The Finance Office will notify you when this request is complete so you can begin the purchase process.

Date \_\_\_\_\_

Vendor Name \_\_\_\_\_

Purchasing Address (if retail)

Remit Address (if different from W9)

_____	_____
_____	_____
_____	_____

Telephone No. \_\_\_\_\_ Contact \_\_\_\_\_

Telephone No. \_\_\_\_\_ Contact \_\_\_\_\_

Fax No. \_\_\_\_\_ Email \_\_\_\_\_

Vendor's Website Address \_\_\_\_\_

**OFFICE USE ONLY**

\_\_\_\_\_  
**Signature of Staff Person Initiating Request**

\_\_\_\_\_  
**Signature of Finance Director**

Vendor No. \_\_\_\_\_ W-9 Sent \_\_\_\_\_ W-9 Rec'd \_\_\_\_\_ Certificate of Insurance Rec'd \_\_\_\_\_