



VENDOR ADD/CHANGE FORM

Date: _____

Request Type: New Vendor
 Change Address, etc. (attach copy of notice from vendor if available)
 Change Vendor Status

CONTACT INFORMATION

*Vendor _____

*Name: _____

* Street: _____

*City: _____ *Zip: _____

*State: _____ Mobile: _____

*Telephone: _____ *Currency: _____

*Email: _____

*Vendor Contact Name _____ Completed by: _____

*Requester Name & Title _____ Date: _____

Requestor's Manager Signature: _____ Date: _____

*Standard Payment Terms are to be Net 60 Days – Any exception to this must receive approval prior to entering into a contract with vendor. If an exception is desired, please email Debbie Holmberg dhholmberg@muellerwp.com with the exception request, reason/justification for said exception and an internal contact name & number for any follow up questions.) policy effective as of: 5/2020

Please send this Vendor form, W-9, and Direct deposit form all together to the Mueller Vendor Maintenance email address at vendormaintenance@muellerwp.com once they are complete.