



VENDOR REQUEST FORM

Vendor Name	Enter Vendor Name in <u>one</u> of the two blank lines below
Entity other than individual: (Name as shown on Federal Tax Return)	
Individual or Sole Proprietor dba business name: (Last, First, Middle Name)	
Representative Name:	
Representative Phone:	
Representative Email:	
Business Address:	
Street Line 1	
Street Line 2	
City, State, Zip	
Phone	
Fax	
Pay To Address: * (if different)	
Street Line 1	
Street Line 2	
City, State, Zip	
Phone	
Vendor Tax ID:	

*If vendor wants to receive checks at an address which is different from the address where order is placed or local office is located, please indicate here.

Note: All vendors must fax IRS W-9 (U.S.) or W-8 (International) form to NTCC at 903-572-6712

FROM THE NTCC CONFLICT OF INTEREST POLICY:

Disclosure is required of Board members, officers and employees of the institution concerning all relationships and business affiliations that reasonably could give rise to a conflict of interest involving the institution.

Please disclose any possible conflict of interests (if known) i.e. provide your relationship to any employee of the above vendor:
