



# Vendor Registration Change Form

<b>Please provide all information requested on the is form. Please insert N/A for items not applicable:</b>	
City of Terrell Vendor Registration Change Form	Date:
Company Name:	Federal Tax ID: Number

<b>Please Indicate type of Change:</b>		
Billing Contact	Phone Number	Email Address
Remittance Address	Business Name (Need New W-9)	Federal Tax ID # (Need New Registration Form)
Address (Need New W-9)	Website	Authorized Individuals
Other: _____		

Complete only the section that needs to be updated (Do not complete all sections).

Address:		City:	State:	Zip Code:
Payment Remittance Address:		City:	State:	Zip Code:
Billing Contact:		Phone:		Email:
Website:				
Individual(s) authorized to contractually bind the company or firm (Please indicate if agent):				
Name:	Title:	Phone:	Email:	
Name:	Title:	Phone:	Email:	
Other:				
I hereby authorize the City of Terrell to make the change indicated above on my account.				
Authorized Individual's Signature:			Print Name:	
Title:			Date:	
<b>Office Use Only</b>	Vendor Number:	Date Processed:	Initials:	
	City of Terrell Finance Signature:		Date:	