



Vendor Registration Change Form

Please provide all information requested on this form. Please insert N/A for items not applicable:

City of Terrell Vendor Registration Change Form	Date:
Company Name:	Federal Tax ID: Number

Please Indicate type of Change:		
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:	
Office Use Only	Vendor Number:	Date Processed:	Initials:
	City of Terrell Finance Signature:		