

VENDOR MODIFICATION FORM

(Type or print only.)

<input type="checkbox"/>	ADD NEW VENDOR (W-9 form is <u>required</u>)	or	<input type="checkbox"/>	MODIFY EXISTING VENDOR
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VENDOR NAME AND ADDRESS

Vendor Name:						
Vendor Number (FEIN):		Odyssey Address Seq. #:				
Address Type:	Buy	or	Pay	Active	or	Inactive
Mailing Name:						
Attention:						
Street:			Suite:			
P.O. Box:						
City:		State:				
Zip:		Country:				
Internet Address:						

VENDOR INFORMATION

Minority (Required):							
Vendor Type:	Company	or	Individual	1099:	Yes	or	No
Contact Name (Vendor):			Title:				
Phone:			Fax:				

REQUESTOR

Name:	Date:	Phone:
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PURCHASING DEPARTMENT USE ONLY

Entered By:	Date:
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Fax completed form and attachments to Purchasing at 305.237.0024 or, for further instructions, please call Purchasing at 305.237.2402.