



VENDOR INFORMATION

Individual or Business Name

Vendor EIN or SSN

TTU Banner Number

ADDRESS UPDATE

Please include the previous address from the vendor record and the updated address you are wanting for either payment remit or purchase orders.

Address Type: AP (Payment/Remit) PO (Local/Mailing)

Previous Address: Updated Address:

Street Street

City City

Zip Code State Zip Code State

E-MAIL UPDATE

Remittance details will be sent to the AP E-Mail, purchase orders to the PO E-Mail, and single use account charge information to the SUA E-Mail. Please fill in the section below accordingly. Only one E-Mail per type.

AP (Payment/Remit) PO (Local/Mailing) SUA (Single Use Account)

Previous AP E-Mail: Previous PO E-Mail: Previous SUA E-Mail:

Updated E-Mail: Updated E-Mail: Updated E-Mail:

PHONE NUMBER UPDATE

The AP phone number will be used for questions regarding payment remittance and the PO phone number for questions regarding purchase orders.

Phone Number Type: AP (Payment/Remit) PO (Local/Mailing)

Previous Number: Updated Number:

VENDOR POINT OF CONTACT

Preferred point of contact.

Previous Name: Updated Name:

I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete.

Authorized Signature: