



TEXAS TECH UNIVERSITY®

INFORMATION UPDATE FORM FOR EXISTING VENDORS

Submit form to vendor.services@ttu.edu

VENDOR INFORMATION

Individual or Business Name

Vendor EIN or SSN

TTU Banner Number

To ensure accurate updates in the TTU vendor network, kindly ensure that you select the checkboxes corresponding to the information you wish to update. Please note that only the checked checkboxes will be considered for updating purposes.

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)

Previous Address:

Street

City

Zip Code State

Updated Address:

Street

City

Zip Code State

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: ☐ PO (Local/Mailing)

Previous Address:

Street

City

Zip Code State

Updated Address:

Street

City

Zip Code State

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: ☐ W-9 (1099)

Previous Address:

Street

City

Zip Code State

Updated Address:

Street

City

Zip Code State



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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)

Previous AP E-Mail:

Updated E-Mail:

☐ PO (Local/Mailing)

Previous PO E-Mail:

Updated E-Mail:

☐ SUA (Single Use Account)

Previous SUA 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: