

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	
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	
Zip Code Zip Code 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.	
CR'(Rc{o gpvIT go k) PO (Local/Mailing)	SUA (Single Use Account)
Previous AP E-Mail: Previous PO E-Mail:	Previous SUA E-Mail:
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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 BOINT OF CONTACT Proffored point of contact	
VENDOR POINT OF CONTACT Preffered 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: