



Vendor Contact Form

Name: _____ Effective Date: ___/___/___

Last 4 Digits of TIN/EIN: _____

Instructions: After completing the section above in full, complete *ONLY* the updated sections below then sign and date. Please submit the completed form to **Premier Financial Management Services** via one of the following options:

Mail:

PO Box 26001
Milwaukee, WI 53226

Email:

vendorpaperwork@premier-fms.com

Fax:

888 302-3607

Section 1

Vendors, please submit a new W-9 when requesting a name change.

SECTION 2

New Name: _____ Address: _____

New

Add

SECTION 3

Phone Number: _____ New Email: _____

New

Add

SECTION 4

New

Add

Authorized Representative Signature: _____ Date: ___/___/___