



City & County of San Francisco Vendor Profile Maintenance

Vendor Information Change Request (Vendor Change)

Date: _____

This form is to be used for changing a vendor's information in the City's Vendor File. The City's Vendor File is used by the City's Accounting and Purchasing Systems for generating payments and purchase orders.

1. a. Who is making this request?

Requester's Name: _____

Requester's Phone Number: _____

Requester's Email Address: _____

b. Requester's relationship to Vendor (please check one box):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Owner/Partner
(Specify job title
below if applicable).

_____ | <input type="checkbox"/> Vendor representative (i.e.
"CFO", "Executive Director",
"Manager", etc. - specify job
title below if applicable).

_____ | <input type="checkbox"/> City employee requesting on
behalf of the City. I have no
other involvement with this
vendor (Specify your City
department & job title below).

_____ | <input type="checkbox"/> Other (explain below):

_____ |
|--|---|--|--|

2. Current Vendor Number in City's Vendor File: _____

Current Vendor Name in City's Vendor File: _____

Check any of the following boxes (3, 4, 5, 6) below that apply:

3. Change of vendor name/contact info: [if Federal Employer Identification Number (FEIN) has changed, vendor must re-apply as a NEW VENDOR]:

New Vendor Name: _____ FEIN#: _____

Contact Name/Title: _____ Phone: _____

Fax Number: _____ Toll Free Number: _____

Email Address: _____ Website: _____

required Attach a copy of the vendor's letterhead/invoice showing the new name and/or contact information as verification.

required For vendor name changes, you must also attach a completed and signed IRS W-9 form to verify FEIN #.

4. Change of vendor address from existing vendor address (vendor has moved)

New Address (BI / BU / PO / RM - circle all mail codes to be changed)	Old Address (BI / BU / PO / RM):

BI = Bid address, **BU** = General Business address, **PO** = Purchase Order address, **RM** = Remittance (Payment) address.

required Attach a copy of the vendor's letterhead/invoice showing the new address as verification.

5. Add vendor address (es) to existing vendor address (additional addresses & locations)

New address (BI / BU / PO / RM - circle all mail codes to be added)	New address (BI / BU / PO / RM)

required Attach a copy of the vendor's letterhead/invoice showing the additional address(es).

Vendor File Support Use Only	
Date change made: _____	Entry reviewed by: _____
Changes done by: _____	Entry review date: _____

Turn <over> to complete application



City & County of San Francisco Vendor Profile Maintenance - continued
Vendor Information Change Request (Vendor Change)- continued

6. **Other changes** (Attach supporting documents)

Please explain: _____

7. **Completing and Returning Application**

Name of Person Completing Form: _____

Title: _____

Handwritten Signature: _____

Date: _____

Return completed Application to one of the 4 destination options (please choose one option only):

- a. **Mail to:** **Vendor Profile Application**
City and County of San Francisco
Vendor File Support
City Hall, Room 484
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4685

- b. **Fax to: (415) 554-6261**

- c. **Email to: Vendor.File.Support@sfgov.org**

note: if sending via email, you must scan page 2 (this page) of the application with your handwritten signature and send as an Adobe PDF file.

- d. **Interoffice Mail:** **Vendor File Support**
City Hall, Room 484