

## Vendor Data Management Unit (VDMU) E-mail Change

**All fields are REQUIRED and must be completed. Incomplete forms will not be processed.**

Name of Person Requesting Change

Tax Identification Number

Vendor Number (Enter N/A if unknown)

E-mail Address

Verify E-mail Address

Area Code & Phone Number

Ext

Fax

Signature

Date

Please allow 3-5 business days for correspondence, which will occur via e-mail.