

Vendor Data Management Unit (VDMU) Phone or Fax 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.