

Vendor Data Management Unit (VDMU)
Payment Address Change or New Payment Address

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

Select Option

Current Address

Current City

Current State

Current Zip Code

Country

Previous Address (only complete if Change Address Option was chosen)

Signature

Date

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