

Vendor Maintenance Form

Type of Request

- | | |
|--|---|
| <input type="checkbox"/> Add New Vendor | <input type="checkbox"/> Add Purchasing Address |
| <input type="checkbox"/> Add New Mail Code | <input type="checkbox"/> Change / Update Record |
| <input type="checkbox"/> Reactivate | <input type="checkbox"/> Inactivate |

GEARS Vendor ID (10-digits)



REMINDER

In order for your request to be processed timely, please ensure appropriate documentation is attached, such as the invoice, expense form, and / or W-9.

SECTION A – VENDOR GENERAL INFORMATION

Vendor / Payee Name

Federal ID / Social Security Number

Business Name (If Different)

SECTION B – VENDOR DETAILS

Address Type

- | | | |
|---|--|---|
| <input type="checkbox"/> Primary / Corporate– W-9 | <input type="checkbox"/> Payable - Remitting | <input type="checkbox"/> Purchasing – Ordering |
| | <input type="checkbox"/> Payable - Invoicing | <input type="checkbox"/> Purchasing – Ship From |

Street address

City

State, Zip Code

Email address

Primary phone number

FAX number | Other phone number

FAX number | Other phone number

SECTION C – COMMENTS / SPECIAL INSTRUCTIONS

Department/ Court Location

Submitted By

For DBF Only:

- | | |
|---|------------------------------|
| <input type="checkbox"/> W-9 Attached | Special Handling Code: _____ |
| <input type="checkbox"/> 1099 Indicator - YES | |
| <input type="checkbox"/> 1099 Indicator – NO | New Mail Code: _____ |

Date Received

GEARS Vendor ID

Entered By

Date

FMIS Confirmation / Approval By

Date

PLEASE RETURN FORM TO  sfc@mdcourts.gov