



# CMS Vendor Request Form



**Request Type:**                     New Vendor                     Update Vendor Record

<b>Requestor Full Name</b>	
<b>Agency or IHE</b>	
<b>Phone Number</b>	
<b>Email</b>	
<b>Requestor Username</b>	

## NEW Vendor Information

<b>Vendor Name</b>	
<b>FEIN</b>	
Vendor DBA (“Doing Business As”)	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	
Vendor Contact Name	
Vendor Contact Title	
Vendor Contact Phone	
Vendor Contact Fax	
Vendor Contact Email	

## UPDATE Vendor Information

	<b>Current</b>	<b>Change To</b>
<b>Vendor Name</b>		
<b>FEIN</b>		
Vendor DBA (“Doing Business As”)		
<b>Address</b>		
<b>City</b>		
<b>State</b>		
<b>Zip</b>		
Vendor Contact Name		
Vendor Contact Title		
Vendor Contact Phone		
Vendor Contact Fax		
Vendor Contact Email		