



Vendor Change Application

City of Kingman Change	Date:
Vendor Change Application	
Company Name:	Federal Tax ID Number

Please indicate type of change:		
Billing Contact	Phone Number	Email Address
Remittance Address	Business Name (Need New W-9)	Federal Tax ID # (New Vendor Application)
Address (New W-9)	Website	Authorized Individuals
Other: _____		

Complete only the section that needs updated (Do not complete all sections)

Address	City	State	Zip Code
Payment Remittance Address	City	State	Zip Code
Billing Contact	Phone	Email	
Individual(s) authorized to contractually bind the company or firm (Please indicate if agent):			
Name	Title	Phone	Email
Name	Title	Phone	Email
Website			

Other

I hereby authorize the City of Kingman to make the change indicated above on my account.

Authorized Individual's Signature	Print Name
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Title	Date
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Office Use Only	Vendor Number:	Date Processed:	Initials:
	City of Kingman Finance Signature:	Date:	

Please return completed form to vendors@cityofkingman.gov