



Vendor Registration

SC Vendor ID:

(For internal use only)

SNOW COLLEGE

Procurement Services

Send Orders To:

Business Name: _____
(As per W9)

Address: _____

City: _____

State: _____ Zip: _____

Contact Name: _____

Contact Phone: _____

Email: _____

Send Payments To:

Business Name: _____
(As per W9):

Address: _____

City: _____

State: _____ Zip: _____

Contact Name: _____

Contact Phone: _____

Email: _____

Payment Terms: _____

Authorized Signature

Title

Date

Typed Name

Phone Number

(Rev 12/ 17)