

**NEW VENDOR APPLICATION/UPDATE FORM**  
**Commercial or Service Vendor**

Commercial/Service Vendors doing business with the County must submit this form or have a Lincoln County employee submit on your behalf. Vendors are responsible to provide our Purchasing Department with changes of address; contact name(s); phone numbers; invoicing; sale or closure of business; or deactivation requests. ***Failure to do so could result in delayed payment and/or tax documents when applicable. This form and all supporting documents are to be provided and processed before an approved purchase order can be issued, approving services or purchases. Set up our account/bill to: County of Lincoln-Accounts Payable~ P.O. Box 711~ Carrizozo, NM 88301 575-648-2385***

Please submit form to the **Purchasing Agent via e-mail: [Purchasing@lincolncountynm.gov](mailto:Purchasing@lincolncountynm.gov)** or by **U.S. mail to Lincoln County Purchasing Agent P.O. Box 711, Carrizozo, NM 88301.**

**Request for:**  a NEW VENDOR set up  CHANGES (circle areas to change below)  
 Deactivate/reason: \_\_\_\_\_ Vendor # \_\_\_\_\_

**Vendor Name:** \_\_\_\_\_

(As appears on your taxes)

**DBA:** \_\_\_\_\_

(If different from above)

**Mailing & \*Remit to Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Contact or Rep's name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Web Site:** https://www. \_\_\_\_\_

**\*Accounting or Remit to Contact \*(if different from above):**

**Contact Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

(If known) County Employee/Department requesting services: \_\_\_\_\_

Services or products provided: \_\_\_\_\_

Account/Customer number assigned to the County # \_\_\_\_\_

**Vendor Must Provide their:**

\_\_\_\_\_ Current version IRS W-9 form, any other version will be *rejected*, this is an IRS requirement.

\_\_\_\_\_ NM Tax & Rev CRS number: \_\_\_\_\_

\_\_\_\_\_ Check if an Out of State Vendor with NO CRS#.

\_\_\_\_\_ Gov Contract/or a Price Agreement/Co-Op# \_\_\_\_\_

Contract Period: \_\_\_\_\_ Provide a copy of the agreement

***If applicable to your services, provide a copy of:***

\_\_\_\_\_ Business or Contractors license showing number & expiration date.

\_\_\_\_\_ Insurance POI

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**Completed by County Purchasing Agent: VENDOR #: \_\_\_\_\_**

**By: \_\_\_\_\_ Date: \_\_\_\_\_  New vendor information sent**