

# RIEKES EQUIPMENT COMPANY

## VENDOR MASTER FILE MAINTENANCE

THE FOLLOWING WILL BE COMPLETED BY BRANCH/DEPT. (Check One)

**NEW ACCT**

**EXISTING ACCT**

**All fields are required including both the Physical Address and the Remit to Address.**

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHYSICAL ADDR 1: \_\_\_\_\_

PHYSICAL ADDR 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REMIT ADDR 1: \_\_\_\_\_

REMIT ADDR 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

1099 REQUIRED?    YES        NO        (Check one)

(IF CORPORATION, NOT APPLICABLE)

TIN# or SSN# \_\_\_\_\_

(Example: FEDERAL TAX ID # FOR CORPORATION xx-xxxxxxx SSN # FOR INDIVIDUAL xxx-xx-xxxx)

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_