

# CITY OF JACKSON



## VENDOR APPLICATION

## CHANGE REQUEST FORM

**RETURN TO:**

Purchasing Division  
P. O. Box 17  
Jackson, MS 39205-0017

[www.jacksonms.gov](http://www.jacksonms.gov)

Phone: (601) 960-1025

Fax: (601) 960-1049

BIDS ARE NOW AVAILABLE ONLINE AT [WWW.JACKSONMS.GOV](http://WWW.JACKSONMS.GOV)

Vendor Name \_\_\_\_\_

Vendor Number \_\_\_\_\_

Date of Change \_\_\_\_\_

If the name of your company is changing, along with the W-9, please complete a full new application & send the new W-9. Thanks

Check the reason for change (s) attach an additional sheet or information if needed.

\* Check the item (s) to be changed and or added:

Vendor old Legal Name listed: \_\_\_\_\_

\_\_\_\_\_ Vendor New Legal Name: (As on your tax form). \_\_\_\_\_

\_\_\_\_\_ Vendor SSN: Owner SSN required for Sole Proprietorship and DBA's \_\_\_\_\_

\_\_\_\_\_ Taxpayer Identification Number (TIN) & Certification: \_\_\_\_\_

\_\_\_\_\_ Address #1 Remittance/Account Payable) \_\_\_\_\_

\_\_\_\_\_ Address #2 (Bid Submit) \_\_\_\_\_

\_\_\_\_\_ Telephone # 1: \_\_\_\_\_ (#2) \_\_\_\_\_

\_\_\_\_\_ Fax Number: \_\_\_\_\_

\_\_\_\_\_ Registered Email Address: \_\_\_\_\_

\_\_\_\_\_ Vendor Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorize Vendor Representative

\_\_\_\_\_  
Date