



**Bernalillo County**  
**Vendor Master Request Form – VMRF**

**Please submit by FAX: (505) 468-7201 or EMAIL: [accountspayable@bernco.gov](mailto:accountspayable@bernco.gov)**  
**Questions on the form? Call (505) 468-7020**

**Vendor Details & Contact Information:**

(IRS Form W9 is required and attached).

**Vendor Name:** \_\_\_\_\_  
 (As shown on your income tax return)

**Doing Business As:** \_\_\_\_\_

***\*\*The TIN must match the vendor name on file with the IRS to avoid backup withholding. For individuals this may be your social security number. \*\****

**Federal Tax ID Number** \_\_\_\_\_  
**OR**  
**Social Security Number** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #:** (\_\_\_\_) \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Fax #:** (\_\_\_\_) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Remit Address** (if different than above): \_\_\_\_\_

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

**Remit Phone #** (\_\_\_\_) \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Fax #:** (\_\_\_\_) \_\_\_\_\_

**Remit E-mail address:** \_\_\_\_\_

<p><b>Would you be interested in receiving payment through E-payables (credit card)?</b></p> <p>Yes _____ No _____ I would like more information _____</p>
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<p><b>Please Specify how you would like to receive Purchase Orders from Bernalillo County:</b>          (Check <b>ONLY</b> one of the below)</p> <p>Email _____ Fax _____ US Postal Mailing Services _____</p>
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**Bernalillo County Accounts Payable Representative**

**Date**