STATE OF MAINE
NEW VENDOR & VENDOR UPDATE FORM
INSTRUCTIONS

1. TYPE OF REQUEST
   a. Is it NEW?
   b. Adding location? (a sub entry to another existing.)
   c. CHANGES to existing? Checkmark a type.

2. FEDERAL TAXPAYER ID NUMBER
   a. This is your social security number if you are an individual and being paid as such. OR
   b. This is your EIN if you’re a company and being paid as such.
    NOTE: pick ONE or the other do NOT give us both. If one is not provided the form is NOT processed.

3. ORGANIZATION TYPE
   a. Individual if you gave SSN above.
   b. Company if you gave EIN above.
    NOTE: pick one that matches to the number above it. (see arrows)

4. CLASSIFICATION TYPE
   a. SSN = Individual = Individual / Sole Prop. / NonRes Alien ~ (Use person’s first & last name in legal name field.)
   b. EIN = Company = Corporation / Foreign / Partnership / Trust / St Gov’t / Other Gov’t / Other ~ (Use company's name in legal name field)

5. LEGAL NAME
   a. LEGAL NAME: Person’s first & last name if an SSN is provided above. OR Company’s name if an EIN is provided above.
   b. ALIIS/DBA: alias or also known as OR the DBA = doing business as is entered here.

6. OTHER INFO (add in addition to TIN. NOT instead of)
   a. Vendor Code a number that was assigned by the State of Maine’s accounting system Advantage. Usually a VC or VS number. (if known)
   b. Account/Client/Provider Number may have been assigned by DHHS/LABOR or an NPI. (if known)

7. PAYMENT ADDRESS
   a. Address = Street OR PO Box address (NOT both)
   b. C/O = Care Of or attention to(ATTN) goes in this space.
   c. City, State, & Zip
   d. Phone = the phone number of the legal name above.
    My BILLING and/or Admin Address is the same.(Advantage has 4 types of addresses: Payment/Procurement/Billing/Administrator)

8. CONTACT
   a. Contact name for above address that we can contact in reference to payments.
   b. Contact phone number & extension for above address.
   c. Contact’s Email for above address.
    Email notification of Direct Deposit/EFT (requires Direct Deposit/EFT form to be completed.)

9. PHYSICAL / PROCUREMENT ADDRESS ~ follow#7’s a –d above in reference to contracts.
10. CONTACT ~ follow#8’s a –c above in reference to contracts.
11. AUTHORIZED SIGNATURE, TITLE & DATE
    a person authorized to make changes for individual (self if form is for self) or company.