

City of Jackson Vendor Application Change Request Form



RETURN TO:
Purchasing Division
P. O. Box 17
Jackson, MS 39205-0017
Phone: (601) 960-1025
Fax: (601) 960-1049

FEDERAL TAX ID: #64-6000-503
www.jacksonms.gov

BIDS ARE NOW AVAILABLE ONLINE AT WWW.JACKSONMS.GOV.

Vendor Name: _____
Vendor Number: _____
Date of Change: _____

❖ **State reason for Change (s):** (Attach an additional sheet if needed for required information.)

❖ **Check item (s) to be changed and/or added:**

____ Vendor Legal Name: (As shown on your Income Tax) _____

____ Vendor SSN: (Owner SSN required for sole proprietorship and DBA's) _____

____ Taxpayer Identification Number (TIN): _____

____ Address #1: (Remittance/Accounts Payable) _____

____ Address #2: (Submit for Bid) _____

____ Telephone #1: _____ Telephone #2: _____

____ Fax Number: _____

____ Email Address: _____

____ Vendor Contact Person: _____

Signature of Authorized Vendor Representative

Date