

# Supplier Master Update Form

(To be used by existing suppliers only. If you are a new Supplier please use this link: <http://www.co.dekalb.ga.us/purchasing/pdf/form16.pdf> )

Date: \_\_\_\_\_

Previous Name and Address	New Name and Address
Supplier Name: _____	Supplier Name: _____
Mailing Address: _____ _____	Mailing Address: _____ _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone Number: _____ Ext _____	Phone Number: _____ Ext _____

(Note: This form is to update addresses, contact information and NIGP codes **ONLY!** Name changes, and acquisitions must be reported on IRS form W9. A cover letter on company letterhead explaining name changes and acquisitions must accompany the W9)

Contact Person Name	Phone Number	Email	Fax Number	Contact type (Sales, Customer Service, Billing, Management, etc.)	Send Purchase Orders to this Contact	Send Solicitation Notification to this Contact
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

NIGP Codes: to look up your NIGP codes go to: <http://www.co.dekalb.ga.us/purchasing/pdf/NIGPcodeLookup.pdf>

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Change submitted by: \_\_\_\_\_

Title: \_\_\_\_\_