



NEW VENDOR REQUEST FORM

(Please fill out and fax to Jodi Cochran: 304-586-1880)

Full Vendor Name: _____

Attention: _____

Shipping:

Street/P.O. Address: _____

City: _____

State: _____ Zip: _____

Telephone Number: _____ Ext. _____

Remit to (if different):

Street/P.O. Address: _____

City: _____

State: _____ Zip: _____

Fax Number: _____

Email Address: _____

Website Address: _____

Unincorporated Contracted Vendor (Circle One): Yes No Not Sure

Your Signature: _____

Date: _____

Office use only: Vendor Number Assigned: _____