



# GOVERNMENT OF GUAM

DEPARTMENT OF ADMINISTRATION

DIVISION OF ACCOUNTS

mail: ATTN: Division of Accounts, P.O. Box 884, Hagatna, GU 96932 \* fax: 671-472-8483



## VENDOR RECORD / EFT ESTABLISHMENT REQUEST

To: Accounts Payable Section

From: Department of Revenue and Taxation, Real Property Tax Division

Subject: Request for establishment of vendor number or change of vendor record.

This is a request for the establishment of vendor number or the change of vendor record for the following:

NEW VENDOR

CHANGE OF VENDOR RECORD

Name \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State Zip Code \_\_\_\_\_

City State Zip Code \_\_\_\_\_

### OTHER REQUIRED INFORMATION

Taxpayer ID No./Soc Sec No: \_\_\_\_\_

Type of Product / Svc: \_\_\_\_\_

Contact No. (work): \_\_\_\_\_

Contact No. (other): \_\_\_\_\_

Fax Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Check all Applicable:  Petty Cash Custodian

Business License  Proper Identification

TRAVEL  EMPLOYEE

Form W-9 <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

### Electronic Funds Transfer (EFT) Information<sup>1</sup>

Checking

Savings

Bank Name and Address \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Must Attach: **For Checking:** Voided Check or Personalized Deposit Slip;  
or, **For Savings:** Copy of Current Bank

<sup>1</sup> The undersigned confirms its account number and title named above and hereby acknowledged that the undersigned has no enforceable right in, or to Department of Administration. The undersigned also has read and understood 4 GCA §8189 which state:

*Any person who knowingly makes any false statement or falsifies or permits to be falsified, any record or records of this system, in any attempt to defraud the system, is guilty of a misdemeanor and shall be punishable therefore under the laws of the government of Guam, and the system shall have the right to recover any payments made under false representations.*

Existing Vendor Number

**NOTE: Please attach all required supporting documentation. Incomplete requests will not be processed and may create unnecessary delays in the vendor establishment process.**

VENDOR APPLICANT'S SIGNATURE

Print Name: \_\_\_\_\_

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

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

### DEPARTMENT OF ADMINISTRATION

Vendor Number

Established by:

Signature

Date