|  |  |  |
| --- | --- | --- |
| RC-SEAL | REQUEST TO ESTABLISH VENDOR AND CHANGE VENDOR INFORMATION OFFICE OF THE AUDITOR-CONTROLLER ***Not for Vendor use****.* ***To be completed only by the Riverside County department servicing the request.*** *Complete and submit to* [*ACOVendorProcessing@rivco.org*](mailto:ACOVendorProcessing@rivco.org) *or Fax to (951) 955-5840* | SPM Form  AP - 7  (Policy #801) |

|  |  |  |
| --- | --- | --- |
| |  | | --- | | ***Note:*** All information below must be provided to establish a vendor code or to change vendor information.  **An incomplete form will not be processed.** |     Establish New Vendor Code  Address Change  One Time Vendor    Additional Address  Correction  Business Name/  Tax Id Change | **Date:** |

|  |  |
| --- | --- |
| Legal Entity Name | SET ID |
|  | **RivCo** |
| Doing Business As | VENDOR # |
|  |  |
| Remit to | Effective Date |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| TAXPAYER IDENTIFICATION NUMBER*All requests filed by individuals are required to provide both numbers.* | | VENDOR CONTACT | |
| **Employer ID # (EIN)** | Social Security Number | Name | Phone |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact – *Print name of County Employee* | Phone | Fax # | Mail Stop |
| Frank Partida | 53867 |  | 1050 |

|  |  |
| --- | --- |
| Initiating Department | Business Unit |
| Property Tax Division | ACO |

|  |
| --- |
| Changes – *If requesting changes, state reason.* |
|  |

|  |
| --- |
| TYPE OF ORGANIZATION |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Sole Proprietor/Individual Owner | (Give Name) |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Partnership |  | Government |  | Non-Profit |  | Limited Partnership |  | Limited Liability Corp |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Corporation |  | LLP Limited Liability Corp |  | Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SERVICE OR PRODUCT PROVIDED – *The number in parenthesis corresponds to the reporting box on IRS Form 1099-Misc.* | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Materials/Supplies (N) |  | Services – Non-medical (7) |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Medical/Health Care (6) |  | Other (3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Rent/Rental (1) | | | |
| TO BE COMPLETED BY THE AUDITOR-CONTROLLER’S OFFICE | | | | | | |
| Approved By | | | **Verified By** | **Updated By** | **Verified By** | |
|  | | |  |  |  | |
| Date Approved | | | **Date Verified** | **Date Updated** | **Date Verified** | |
|  | | |  |  |  | |