|  |  |  |
| --- | --- | --- |
| RC-SEAL | REQUEST TO ESTABLISH VENDOR AND CHANGE VENDOR INFORMATIONOFFICE 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* *or Fax to (951) 955-5840* | SPM FormAP - 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**  |
|  |  |  |  |