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| RC-SEAL | REQUEST TO ESTABLISH SUPPLIER AND CHANGE SUPPLIER INFORMATIONOFFICE OF THE AUDITOR-CONTROLLER***Not for Supplier use****.* ***To be completed only by the Riverside County department servicing the request.*** *Complete and attach to Supplier profile in PeopleSoft. Questions? Email* *ACOSupplierRegistration@rivco.org**.*  | SPM FormAP - 7(Policy #801) |

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| ***Note:*** All information below must be provided to establish a supplier code or to change supplier information.  **An incomplete form will not be processed.** |

 [ ]  Establish New Supplier Code [ ]  Address Change [ ]  One Time Supplier  [ ]  Additional Address [ ]  Correction [ ]  Reactivate[ ]  Business Name/Tax ID Change *(these changes will result in a new supplier add)**\*\*Please be sure to state reason for changes in Changes section at bottom of this form. \*\** | **Date:**       |

|  |  |
| --- | --- |
| Legal Entity Name | Supplier SET ID |
|       |  |
| Doing Business As | Supplier # |
|       |       |
| Remit to | Effective Date  |
|       |       |

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Corporation |  |  LLP Limited Liability Corp  |    |
|  |
|  | Foreign/Non-US Entity | **Must include US Taxpayer ID Number in above section under EIN** | Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## SERVICE OR PRODUCT PROVIDED – *The number in parenthesis corresponds to the reporting box on IRS Form 1099-Misc.*

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

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

|  |  |
| --- | --- |
|  | Rent/Rental (1) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Contact – *Print name of County Employee* |  | Phone | Fax # | Mail Stop |
|       |  |       |       |       |

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| Initiating Department  | Dept Business Unit |
|       |       |

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