

BUYWAYS VENDOR INFORMATION

COMPLETE THIS FORM ONLY FOR ACTIVE PEOPLESOFT (PS) VENDORS THAT ARE NOT IN BUYWAYS

MAKE SURE ALL *REQUIRED FIELDS* ARE FILLED OUT COMPLETELY

*** VENDOR NAME:** _____

*** VENDOR CODE:** _____

*** TIN/EIN NUMBER:** _____

*** ORDER ADDRESS ID IN PEOPLESOFT VENDOR FILE:** _____

*** REMIT ADDRESS ID IN PEOPLESOFT VENDOR FILE:** _____

ADDITIONAL ORDER ADDRESS:

If Applicable: PS Address ID Being Replaced _____

ADDITIONAL REMIT ADDRESS:

If Applicable: PS Address ID Being Replaced _____

*** PREFERRED METHOD OF RECEIVING PURCHASE ORDERS:**

_____ EMAIL EMAIL ADDRESS: _____

_____ FAX FAX NUMBER: _____

_____ PRINT **Email OR Fax is the UMASS preferred method for the vendor to receive PO's**

*** UMASS BOOKKEEPER NAME:** _____

*** DEPARTMENT:** _____

*** PHONE:** _____

MAIL/FAX TO: VENDOR TEAM, CONTROLLER'S OFFICE, 405 GOODELL / FAX: 413-545-3144 / PH: 413-545-1405

Note: Do not keep an electronic copy of this form unless you delete the TIN/EIN Number-Do not Email this form