

Print Form

STATE OF MAINE Vendor Deactivation

Reset

TO BE REMOVED AS A VENDOR - FILL OUT FORM COMPLETELY

FEDERAL TAXPAYER ID NUMBER *		Vendor Customer Number (if known) VC#	Account or Client Number (if known)
TIN <input type="text"/>		<input type="text"/>	<input type="text"/>
TIN Type *	Organization Type *	Classification *	
<input type="radio"/> Social Security No. =	<input type="radio"/> Individual =	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Nonresident Alien	
<input type="radio"/> Employer ID No. =	<input type="radio"/> Company =	<input type="checkbox"/> Corporation <input type="checkbox"/> Foreign (W8 required) <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> State Gov't <input type="checkbox"/> Other Gov't <input type="checkbox"/> Other	

LAST KNOWN ADDRESSES *	
Name <input type="text"/>	Name <input type="text"/>
Alias/DBA <input type="text"/>	Alias/DBA <input type="text"/>
C/O <input type="text"/>	C/O <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
<input type="text"/>	<input type="text"/>
City/State/Zip <input type="text"/>	City/State/Zip <input type="text"/>
Phone <input type="text"/>	Phone <input type="text"/>

REASON & NOTES	
REASONS (sold/closed/other) *	NOTES (new TIN needs new vendor form) *
<input type="text"/>	<input type="text"/>

Contact Name:* <input type="text"/>	Email Address: * <input type="text"/>
Contact Phone * <input type="text"/>	Note <input type="text"/>

*Require printed form with wet signature or digital signature with audit trail, such as DocuSign or Adobe Sign.

Authorized Signature, Title & Current Date *: _____

I certify that the above information is accurate and correct of the current date signed on this form.
I am responsible for updating and maintaining my information on a regular basis via the Vendor Form:
http://www.maine.gov/osc/pdf/forms/vendor_ME_W9_v7.pdf

OFFICE USE ONLY	Information on State Agency Submitting Vendor Form	OFFICE USE ONLY
State Agency & SHS # * <input type="text"/>	Agency Contact Person Name & Title* <input type="text"/>	Contact's Phone # <input type="text"/>