Print Form

STATE OF MAINE
Vendor Deactivation

Reset

TO BE REMOVED AS A VENDOR - FILL OUT FORM COMPLETLY

FEDERAL TAXPAYER ID NUMBER *

TIN

Vendor Customer Number (if known) VC#

Account or Client Number (if known)

TIN Type *	Organization Type *	Classification *
◯ Social Security No. =	◯ Individual =	☐ Individual ☐ Sole Proprietorship ☐ Nonresident Alien
◯ Employer ID No. =	◯ Company =	☐ Corporation ☐ Foreign (W8 required) ☐ Partnership ☐ Trust ☐ State Gov't ☐ Other Gov't ☐ Other

LAST KNOWN ADDRESSES *

Name

Alias/DBA

C/O

Address

City/State/Zip

Phone

Name

Alias/DBA

C/O

Address

City/State/Zip

Phone

REASON & NOTES

REASONS (sold/closed/other) *

NOTES (new TIN needs new vendor form) *

Contact Name:*

Email Address: *

Contact Phone *

Note

Authorized Signature,
Title & Current Date *:

I certifiy 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_v2.pdf

OFFICE USE ONLY — Information on State Agency Submitting Vendor Form — OFFICE USE ONLY

State Agency & SHS # *

Agency Contact Person Name & Title*

Contact's Phone #

V2 02/21/12