



**OFFICE OF ACCOUNTS PAYABLE**

<b>OFFICE OF BUSINESS AFFAIRS USE ONLY</b>
<b>Vendor Number:</b> _____ <b>Entered By:</b> _____

**VENDOR FILE MAINTENANCE REQUEST**

**Please PRINT OR TYPE**  
(\*Required Fields)

\*Company Name: \_\_\_\_\_

\*dba Company Name: \_\_\_\_\_

\*Company Address: \_\_\_\_\_

Company Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*Tax ID# or SS# \_\_\_\_\_

**Section A - Remittance Address**  
(Please PRINT OR TYPE)

Please complete this section if the remittance address is different from the information stated above.  
(Please provide the Office of Accounts Payable a completed Form W-9 and E-Verify Form.)

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Remittance Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*Section B – Official(s) to Contact Concerning Financial Forms**  
(Please PRINT OR TYPE)

Please complete this section listing official(s) whom are responsible in completing Disclosure Statement, Form W-9 and E-Verify Form.

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Completed By: \_\_\_\_\_

\*Title/ Position: \_\_\_\_\_

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**This form must be completed and mailed to the following address:**

**Lawson State Community College**  
**ATTN: The Office of Accounts Payable**  
**3060 Wilson Rd, SW**  
**Birmingham, AL 35221**

[ap@lawsonstate.edu](mailto:ap@lawsonstate.edu)