



Vendor Application/Update Form

TO: Utah Department of Alcoholic Beverage Control
 ATTN: Accounts Payable
 P.O. Box 30408
 Salt Lake City, UT 84130-0408
 Phone: (801) 977-6800 Fax: (801)977-6888

Required Information				
Invoice Information (Exactly as it will appear on your Invoice)				
Name				
Attention				
Address				
City, State, Zip				
Phone		Fax		Email
Federal ID #	Tax identification number or individual social security number and Legal name filed with IRS are Required for all New Vendors			
Legal Name as on file with IRS				
Type of vendor				

All vendors must submit a federal form W-9. Please contact us if you need a form W-9.

Contact Accounts Payable at (801) 977-6800 with questions

Please email a copy of this form and the federal form W-9 to dabcfinance@utah.gov; Subject: **Vendor Application**

UDABC USE ONLY	
State Vendor Number Assigned	
UDABC Purchase Order Vendor Number	



Vendor Address Information Sheet

Regional Manager Information

Manager

Address

City, State, Zip

Title

Phone

Email

Fax

Local Representative Information

Name

Address

City, State, Zip

Phone

Email

Fax

Purchase Order Information

Company Name

Address

City, State, Zip

Phone

Email

Fax

F.O.B Ship Point

City, State, Zip

Shipping Point Information

Company Name

Address

City, State, Zip

Phone

Email

Fax