



**VENDOR CHANGE FORM**

Employer of Record Name: \_\_\_\_\_  
*Required* (Last) (First) (MI)

Vendor Name: \_\_\_\_\_  
*Required* (Last) (First) (MI)  
If this is a name change, please provide previous name below.

Previous Name: \_\_\_\_\_  
(Last) (First) (MI)

Taxpayer Identification Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

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

County: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

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

Email Address (2): \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

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**EMPLOYER:** If the vendor has had a change in their name please have them complete a new form W-9 and mail or fax it along with this form to: CONDUENT P.O. Box 27460 Albuquerque, NM 87125-7460  
Toll Free Fax# 866-302-6787

**Employer of Record Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vendor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_