|  |  |  |
| --- | --- | --- |
| RC-SEAL | REQUEST TO ESTABLISH SUPPLIER AND CHANGE SUPPLIER INFORMATION OFFICE OF THE AUDITOR-CONTROLLER ***Not for Supplier use****.* ***To be completed only by the Riverside County department servicing the request.*** *Complete and attach to Supplier profile in PeopleSoft. Questions? Email* [*ACOSupplierRegistration@rivco.org*](mailto:ACOSupplierRegistration@rivco.org)*.* | SPM Form  AP - 7  (Policy #801) |

|  |  |  |
| --- | --- | --- |
| |  | | --- | | ***Note:*** All information below must be provided to establish a supplier code or to change supplier information.  **An incomplete form will not be processed.** |     Establish New Supplier Code  Address Change  One Time Supplier    Additional Address  Correction  Reactivate  Business Name/Tax ID Change *(these changes will result in a new supplier add)*  *\*\*Please be sure to state reason for changes in Changes section at bottom of this form. \*\** | **Date:** |

|  |  |
| --- | --- |
| Legal Entity Name | Supplier SET ID |
|  |  |
| Doing Business As | Supplier # |
|  |  |
| Remit to | Effective Date |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SUPPLIER TAXPAYER IDENTIFICATION NUMBER*All requests filed by individuals are required to provide both numbers.* | | SUPPLIER CONTACT | |
| **Employer ID # (EIN)** | Social Security Number | Name | Phone |
|  |  |  |  |
| TYPE OF ORGANIZATION | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Sole Proprietor/Individual Owner | (Give Name) |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Partnership |  | Government |  | Non-Profit |  | Limited Partnership |  | Limited Liability Corp |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Corporation |  | LLP Limited Liability Corp |  | | |
|  | | | | |
|  | Foreign/Non-US Entity | **Must include US Taxpayer ID Number in above section under EIN** | | | | Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

## SERVICE OR PRODUCT PROVIDED – *The number in parenthesis corresponds to the reporting box on IRS Form 1099-Misc.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Materials/Supplies (N) |  | Services – Non-medical (7) |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Medical/Health Care (6) |  | Other (3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
|  | Rent/Rental (1) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact – *Print name of County Employee* |  | Phone | Fax # | Mail Stop |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Initiating Department | Dept Business Unit |
|  |  |

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| --- |
| Changes – *If requesting changes, state reason.* |
|  |