



Otero County Vendor Master Request Form - VMRF

Please submit by FAX: (575) 443-2904 or EMAIL: kreed@co.otero.nm.us
Questions on the form? Call (575) 437-7427

Vendor Details & Contact Information:

(IRS Form W9 is also required)

Vendor Name: _____

(As shown on your income tax return)

Doing Business As: _____

*****The TIN must match the vendor name on file with the IRS to avoid backup withholding.
For individuals this may be your social security number. *****

Federal Tax ID Number _____

OR

Social Security Number _____

Address: _____

City _____ **State** _____ **Zip** _____

Phone #: (____) _____ **Ext:** _____ **Fax #:** (____) _____

E-mail address: _____

Remit Address (if different than above): _____

City: _____ **State:** _____ **Zip:** _____

Remit Phone # (____) _____ **Ext:** _____ **Fax #:** (____) _____

Remit E-mail address: _____

Otero County Representative

Date