## HARBOR GROUP MANAGEMENT COMPANY

## **Change of Vendor Form**

Part I - Property Section				
Choose One:	New	Change ~ enter existing Vendor	r ID:	
Property Name:		Pr	operty Code:	
Requested by:			ate:	
Print Name and Title				
Part II - Vendor Section				
Vendor Name:				
Remittance Address:				
Vendor Phone:		Vendor Fax:		
Vendor Email:				
Federal Tax ID:				
Name on SSN: OR		SSN:		
Is Vendor Incorporated?	Yes	No		
Type of Business:				
I have been informed of the requirement to register and be approved in Compliance Depot, as well as the requirement to register for electronic invoicing or managed catalog through Ops Technology. I understand both requirements must be met in order to conduct business with any Harbor Group property and that there are fees associated with each requirement. I also agree to maintain current and accurate information in Compliance Depot and Ops Technology.				
Print Vendor Name		Vendor Signature	Da	te
Part III - Regional Manager Approval Please list any additional properties approved to use this vendor:				
Print RM Name		RM Signature	Da	te
Part IV - Accounting Use Only Compliance Depot Complete: Ops Technology Complete: Date Property Notified:		Compliance Depot #: New Vendor ID: AP Initials:		