



PLEASE RETURN FORM & W-9 TO:
 Minnesota Management & Budget
 Vendor File Maintenance
 400 Centennial Building
 658 Cedar Street
 St. Paul, MN 55155
 Fax: (651) 797-1306

Email: Vendor.mmbefax@state.mn.us

Supplier Change Request Form

Please select one of the following reasons:

- Change of DBA name only (legal/withholding name and EIN has not changed)
- Merged with another company
- Sold to or bought out by another Company
- Change in Business Organization (Corporation to LLC, Sole Proprietor to Partnership, etc.)
- New Owner
- Marriage/Divorce
- Other _____

Your OLD Supplier Number: _____
 (If Known)

Your NEW Supplier Number: _____
 (If Known)

OLD INFORMATION	NEW INFORMATION
LEGAL NAME (as previously registered with the IRS)	LEGAL NAME (as Currently registered with the IRS)
ASSUMED NAME (previously doing business as)	ASSUMED NAME (Currently doing business as)
<u>OLD</u> TAX IDENTIFICATION NUMBER (FEIN or SSN on W-9)	<u>CURRENT</u> TAX IDENTIFICATION NUMBER (FEIN or SSN on W-9)
OLD PHYSICAL/STREET ADDRESS	CURRENT PHYSICAL/STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
OLD MAILING ADDRESS/REMITTANCE (if different from above)	NEW MAILING ADDRESS/REMITTANCE (if different from above)
CITY STATE ZIP CODE	CITY STATE ZIP CODE
PHONE NUMBER	PHONE NUMBER

Please provide an email address MMB staff may contact if we have questions or concerns:

By submitting this form, you certify that: (a) you are authorized to represent the business listed above; (b) all of the information you have provided above is true and correct; and (c) you are instructing and authorizing the State of Minnesota to update the Business Name on your SWIFT supplier file.

NAME (Please Print)

SIGNATURE

DATE

Note: Please download this form for digital signature options.